

THE

Medical Times and Register

A BI-WEEKLY JOURNAL OF MEDICINE AND SURGERY

EDITED BY

FRANK S. PARSONS, M. D.

Dorchester, Boston, Mass.

SURGEONIO OF ENGLAND O

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JOSEPH R. CLAUSEN, A. M., M. D., Business Manager

VOLUME XXXVI

July 1st to December 31st, 1898

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CHRONIC GASTRITIS.

BY LOUIS A. KENGLA, M. D.,

San Francisco, Cal.

A report of a very severe case of gastritis was freely copied in medical journals during the year 1896, in which glycozone was successfully used.

At that time J. W., aged 38, a blacksmith, came under my care. His illness began in 1894 with the usual symptoms of gastritis. In January, 1895, he had become so much worse that he placed himself in the hands of one of our best physicians, under whose care he continued until November of the same year, when I was consulted.

After hearing his history and the treatment given, I urged him to return to his physician, insisting that nothing more could be done. My protest was in vain.

Examination revealed an emaciated, thin and badly nourished body; his eye, skin and color, fair though pale; his temperature normal, the

bowels inclined to constipation with occasional diarrhea with whites, pasty offensive stools; the lungs, heart and kidneys healthy; the liver a trifle small.

There was no painful point and no evidence of enlargement, tumor or ulcer. He was so thin that the abdomen could be most thoroughly examined. His tongue was heavily furred, red at the tip, indented at the edges, and the papillae red and prominent.

He complained of being unable to take either solid or liquid food, even in small quantities without causing heaviness, weight, oppression, pyrosis, eructation of gases, nausea and finally headache and vomiting.

Since 1894 these symptoms had increased in severity, the nausea never ceased and this whole array of complaints would gradually accumulate in force and energy, overwhelming

his system with an attack of headache and intermittent vomiting that would last from three to five days.

1895 these storms growing worse rendered his life almost unbearable. I had been attending him about a week, when one of these attacks occurred. He had been vomiting one day before I saw him. The scene was truly pitiable. I found my poor emaciated patient in a small darkened room, scarcely able to raise his head, gagging and straining constantly, bringing up finally by the greatest of efforts a teaspoonful of white, glary mucus; his head bound tightly or wrapped in ice cloths, his eyes congested, his cheeks hollow, his skin sallow and pale, his face bespeaking the intense agony he suffered, begging and pleading to those around him for relief from the horrible nausea and retching.

I remained with him an hour and during that time he was not free for five minutes from efforts at vomiting. His sleepless, aching brain seemed racked to distraction. He would gag, vomit and fall back ex-

hausted.

This continued three days, gradually lessening. Sleep came only through exhaustion. Every particle of food (liquid or solid) was promptly vomited. During these attacks the temperature was increased from 99 to 103.

These attacks were always of a similar character and from November 1, 1895, to July 3, 1896, they occurred every ten days or two weeks.

The physician who had treated him had used drugs, diets and lavage faithfully and persistently, so that at the outset I was completely handi-

capped.

I began with the remedies which had given relief in similar cases, and in turn used acids, alkalies, alteratives, pepsin, digestants, purgatives, tonics, bitters, sedatives, diets, etc., either singly or in combination, until I hal exhausted all the resources at my command.

The only perceptible relief came from the use of small doses of di-

from the use of small doses of diluted hydrochloric acid between the attacks and a solution of cocaine and morphine during the paroxysm. About July 3, 1896, I read the arti-

About July 3, 1896, I read the article referred to above, and in desperation and despair of ever relieving him I ordered glycozone one-half, then one drachm, well diluted, 20

minutes before meal time.

In a few days he said he felt better; within a week he repeated the assertion. To the utter astonishment of myself and his friends, one, two, four and even six weeks passed without a recurrence of his severe symptoms.

About August 20 he was so much improved that to hurry matters I concluded to try lavage again. This was done at 5 P. M. and at 10 that night he was in the throes of an attack, which lasted two days.

He then resumed his glycozone and continued to improve till October 15, when on account of inactivity of the bowels and costiveness he was given two grains of calomel, which brought on a slight attack of headache and considerable nausea.

He had already been taking more food, but from this time it was increased in quantity and character, eating three fairly good meals a day,

and enjoying them.

After beginning the use of glycozone the acid was continued a few weeks, after meals, then left off entirely. No other medicine was used, except occasionally a pill of aloin, belladonna, strychnia, cascara, when bowels were sluggish.

To him glycozone proved the greatest boon, and to me the relief given was simply wonderful.

It is useless to add that I have used the remedy in many cases since and have met with excellent and even astonishing results.



PREGNANCY FOLLOWING VENTROFIXATION WITH IMPROVE-MENTS IN TECHNIQUE.*

By A. LAPTHORN, M. D., M. R. C. S. Montreal, Can.

His conclusions were based upon about 2500 cases by 41 operators, including 111 of his own, reported in reply to a circular letter of inquiry.

First. That as far as curing retrodisplacements is concerned, whether retroflexion, retroversion, anteflexion with retroversion, and also prolapse of the uterus, ventrofixation with two buried silk stitches passing through peritoneum and fascia gives the most reliable results. Failures are unknown when the operation is performed in this way.

Second. Ventrofixation should be reserved for cases in which abdominal section is necessary for other reasons, such as detaching of adhesions and the removal of the diseased tubes which caused the adhesions. When it is expected that pregnancy may follow some other operation

should be chosen, because

Third. Although pregnancy only followed in 148 cases out of about 2500, still in 30 per cent. of these, or 36, there was pain, miscarriage or difficult labor requiring obstetrical

operations.

Fourth. When suspensio uteri was performed—that is, the uterus attached to the peritoneum, only a few relapses occurred, but on the other hand the patients were free from pain during pregnancy and the labors were less tedious; neither did they require resort to serious obstetrical operations. The uterus should therefore be suspended rather than fixed to the abdominal wall in all cases in which any part of the ovary is allowed to remain.

Fifth. A third method, it is claimed by some—namely, the intraabdominal shortening of the round ligaments—is preferable to either ventrofixation or suspensio uteri. This may be done either by drawing a loop of the round ligament into the loop which ties off the overy and tube, or, in cases in which the latter are not removed, simply to detach them from adhesions and shorten the round ligament by drawing up a loop of it and stitching it to itself for a space of about two inches. By this means the round ligament develops as pregnancy advances, and the dragging and pain and other more serious accidents which are present in 30 per cent. of the cases of ventro-fixation are certainly avoided.

Sixth. If the uterus is attached to the abdominal wall the stitches should be kept on the anterior surface but near the top of the fundus; the complications were more frequent when there was too much anteversion than was the case when the anterior surface of the fundus was attached to the abdominal wall.

Seventh. As large a surface as possible should be made to adhere, by scarifying both the anterior surface of the fundus and the corresponding surface of the abdominal peritoneum, in which case one buried silk suture will be sufficient to keep

the uterus in good position.

Eighth. Several of my correspondents mentioned incidentally that they knew of many cases of pregnancy after Alexander's operation and that in no case was the pregnancy or knew of many cases of pregnancy after Alexander's operation, and that in no case was the pregnancy or labor unfavorably influenced by it. Alexander's operation should therefore be preferred whenever the uterus and appendages are free from adhesions.

Ninth. The results of Alexander's operation are so good that even when there are adhesions it might be well to adopt the procedure of freeing the adhesions by a small median incision and then shortening the round ligaments by Alexander's method; after which the abdomen should be closed. This could be done without adding more than one-half of 1 per cent. to the mortality, which in Alexander's operation is nil.

^{*}Author's abstract of paper read before American Gynecological Society, at Boston, May 24.

SOME RESULTS OF BOVININE TREATMENT—RECTO ·VAGINAL FISTULA AND RECTAL ULCERS—DOUBLE OPERATION.

BY T. J. BIGGS, M. D., Stamford, Conn.

Miss W-, Glenbrook, Conn., American, aged 34, admitted April 10, 1898. Had only just found rest from an extensive operation which left her much exhausted, without other result except an increase of the pathological condition. She said the fistula had been operated on no less than six times, three times per vaginam and twice per rectum, but no line of union had once been ob-Examination revealed an opening of the size of a quarter dollar, with edges ulcerated and very sensitive, causing great pain at every defecation, and passing a large part of the feces into the vagina, which it was necessary to douche out on each occasion. Complicating this condition were found five points of ulceration, three anterior and two left lateral. There was no abnormal tightness of the sphincters, which seemed to be in a healthy condition. I determined, by consent, to operate as soon as possible, but the patient's general condition was not such as to justify immediate surgical procedure. I therefore had her put to bed, regulating secretions, and putting her on bovinine treatment of a wineglassful in old port wine every three hours; also a teaspoonful of glycozone in water half an after each meal. Patient began to pick up immediately, and on the 25th, her condition being favorable, I performed the following operation. After thorough depuration of vagina with bovinine-peroxide reaction and Thiersch irrigation was fully dilated, the rectum the edges of the fistula freshened by careful dissection of margin, it was depurated with peroxide on bovinine, and a tampon was inserted well up in the rectum, to prevent feces coming down on the site of operation. The speculum was then removed, and the vagina was thoroughly dilated in turn, the vaginal edges of fistula were freshened

as had been done at its rectal extremity, and the surfaces also treated with the bovinine-peroxide reaction. I now used continuous kangaroo-tendon sutures, going only through the sub-mucous coat, but bringing the vaginal edges of the fistula into close apposition. vagina was next cleansed with Thiersch, an iodoform-bovinine tampon was inserted, and the speculum removed. The rectum was now dilated again, and continuous silk sutures were employed to close up the rectal end of the fistula. The tampon which had been previously inserted was removed, the rectum washed out with Thiersch, and the points of ulceration were touched up with 25 per cent. pyrozone. A strip of bi-sterilized gauze saturated with iodoform-bovinine was gently packed in and the speculum removed. The nurse was ordered to give an opium and tannin pill twice a day to prevent movement of the bowels. Patient reacted nicely from the ether and suffered little or no pain. At the end of 24 hours both packings were removed and the rectum and vagina thoroughly cleansed. Examination both rectal and vaginal revealed the stitches in excellent position, and the surfaces doing nicely. I now introduced bovinine capsules rectally, and a cotton tampon saturated with iodoform-bovinine in vagina. These were changed twice a day up to the 1st of May, when examination revealed lines of healing almost perfect. Nurse was now ordered to give bovinine injections three times a day, in both rectum and vagina; preceding each injection with the bovinine-peroxide depuration and Thiersch irrigation. On the 7th the vaginal end of fistula had completely united, and the kangaroo sutures were almost all absorbed; the remaining portions being removed with thumb forceps. Rectally, while the line of union was perfect,

vet complete organization of scar had not taken place, and consequently the stitches were not touched. The ulcers were all healed except one, which had been reduced by half, and the healing of it was favorably progressing. Vaginal injections were now discontinued, and rectal were employed, three times a day. By the 20th the edges of the rectal end of sinus were firmly adherent together and completely healed. The silk sutures were then removed. The remaining rectal ulcer was now reduced to a point the size Therefore daily apof a pin head. plications of pure bovinine were made direct to the ulcer by cotton carrier until the 26th, when it was entirely healed. Patient was charged cured May 27, 1898.

Incidentally it may be mentioned that the patient's bowels were cleansed by an oil injection followed by a soap suds enema, daily, and following each defection the rectum was irrigated with the Thiersch solution.

REMARKS ON THIS CASE.

The operation here employed is a modified Sims—the one that made that distinguished gynecologist almost famous; his idea being that of sewing up both the rectal and vaginal sides of the fistula, in which he used silk mostly. My reason for using silk rectally was that the complete absorption of animal sutures might be interfered with by feces. On the other hand, at the vaginal side, there being no unhealthy discharge of any kind, I thought it better to use kangaroo, as it would not have to be disturbed. While this is only reciting a single case where this method has been used. I still believe it to be superior to any other employed, and I shall make a religious study of this subject, as a matter of great importance to suffering womankind.

Sims met with failure in 35 per cent. of all his cases, in spite of his improved mode of stitching. Other surgeons who employed stitching on only one side have averaged but 8 per cent. of failures. I deem my method superior to all of them for two reasons: (1) The topical nutrition by applied blood, (2) the kangaroo su-

ture on vaginal and silk on rectal side. I shall endeavor to collect further statistics on this subject, considering it a matter of vital importance.

PULMONARY TUBERCULOSIS
AND APPENDICITIS—OPERATION.

P. G., Glenville, Conn., Russian, aged 36, sent by a brother physician, under whose care he had been for more than a year but with no benefit. Received April 16, 1898, and on the 17th I met this physician in consultation and learned that his diagnosis was anemia complicated with gall stones. While the patient was undoubtedly anemic, still I could not agree with my colleague that anemia was more than a symptom of some underlying condition, and therefore determined to make a most rigorous examination. Externally there were all symptoms of an advanced case of anemia. Patient said that two years ago he was in health, but was suddenly taken down with a chill, followed by high fever which lasted 24 hours, and though at the end of that time the temperature fell from 103 to 100, so far as I could learn it had never fallen lower, and from this time patient said he knew that he was a sick man.

I now turned my attention to the blood, of which I made a thorough microscopical examination. I found it to contain an abnormal quantity of white corpuscles and a decided deficiency of the red, while the hemaglobin was much below normal. Examination of urine showed excessive uric acid and a slight trace of Complicated with these albumen. conditions there was severe pain shooting through right lung, more at Also sensation of fullness, night. with considerable tenderness and occasional sharp pains, in the right iliac fossa. These pains had been increasing in severity for the last month. Examination of right lung revealed a large apex deposit and a small cavity in the upper There was also a slight deposit in left apex. Scrapings were next taken from fauces and throat, cultured, stained and examined, and a large quantity of tubercle bacilli were

found. Examination over the cecum revealtd much tenderness and con-Pain was siderable enlargement. very severe in the cecum three hours This condition had after eating. been slowly progressing, and from its general history I diagnosed tubercular appendicitis, and advised operation, to which patient consented. His condition, however, was not such as I cared to operate on immediately, and I therefore put him on a course of preparatory treatment. He was given two teaspoonfuls of bovinine every three hours in cocoa wine: also two minims beechwood creosote and five grains quinine every three hours, and at bedtime one grain of calomel rubbed up with five grains bicarbonate of soda, followed in the morning by two drachms phosphate of soda in a glass of hot water. This treatment was continued up to May 1st, when all medication except the bovinine and cocoa wine was discontinued. May 2 patient was properly prepared and laparotomy performed. The cecum distended, but in was found healthy condition. The appendix, however, was completely diseased, and bound down by adhesions to the cecum. It was now carefully dissected off and the surfaces to which it had been adherent were first touched up with Parquelin cautery, and then cleansed with peroxide-onbovinine and Thiersch irrigation. The appendix was so firmly adherent to the cecum that no ligature could be employed to close the appendix opening. For this reason, as well as that the surface to which the appendix had been attached was so extensively involved, I deemed it unwise to close the opening immediately, so therefore stitched it to the abdominal wound, with the intention to treat it exactly as I had treated the ovary in Case No. 15, of Miss R—. This was made firm to the abdominal wound by four silk sutures, a gauze packing of iodoform-bovinine was laid over the wound, and dressing such as used on ulcers was applied. The patient reacted nicely from the anesthetic, and suffered absolutely no pain. The above dressings were renewed twice a day, until the 8th, when I found the wound of

cecum in a healthy condition, and therefore stitched it up with continuous catgut sutures. By the 18th the cecum wound was entirely healed. The four silk sutures holding it to the abdominal wound were now removed, and the cecum was dropped A drainage back into the cavity. tube was now inserted, and a wet Thiersch gauze dressing applied. 24 hours, there having been no rise of temperature or indication of any disturbance whatsoever, the edges of the abdominal wound were brought in apposition with three silver wire and five silk sutures, and a bovinine dressing was applied. was changed daily until the 29th, when the wound had entirely healed. A proper support was now applied, and on the 30th of May, 1898, the patient was discharged cured.

Points of great interest in this case are the rapid healing of the cecum wound and the absence of any signs

of shock.

The pulmonary condition, although greatly improved, will still require considerable attention, the patient returning twice a week until cured.

TUBERCULAR NEPHRITIS—OPERATION.

T. H., Springdale, Conn., male, English, age 12, admitted April 15, Three weeks before patient had been seized with a violent chill, followed by fever, and although the fever had been reduced under treatment, the temperature could not be gotten under 100.5. He had lost flesh rapidly, suffered great pain in the right kidney, passed large quantities of light urine, in which some blood was occasionally present. Microscopic examination of urine disclosed numerous tube casts and tubercle bacilli. Chemically, it showed a half of 1 per cent. albumen. I suggested operation, deeming it the only wise plain in view of the condition being so painful and progressing so rapidly. This was refused. then put the patient on a teaspoonful of bovinine in milk every two hours, and half a drop of kreasote and a teaspoonful of sanmetto every three Under this treatment he showed some improvement up to 23d,

after which the pain and general symptoms of the previous condition returned. I again strongly advised operation, which was again refused. On the 28th told the parents that if they would not consent to do as I said, absolutely in every detail, I would no longer assume responsibility in the case. On the 29th they consented to permit me to do as I saw fit. Consequently, after a day of preparatory treatment, was operated on May 1st. An exploratory incision was made posteriorly, and the kidnev was brought to the surface of the wound. It was tremendously congested, and presenting the appearance of a well-defined case of renal tuberculosis. So thoroughly was the kidney involved that on account of the child's weakened condition I deemed it unwise to allow it to remain, and therefore removed it. found that the surrounding tissues gave no sign of tubercular deposit, but seemed to be in a thoroughly healthy condition. After cleansing the cavity with peroxide-on-bovinine and Thiersch irrigation, a glass drainage tube was inserted, and the edges of the external wound were brought together around it. Bovinine was applied four times a day to the stump of the kidney, through the glass tube, until the 12th, when, being found in a healthy condition, the drainage tube was removed and the edges of the external wound were brought in apposition with one silver wire suture and six silk sutures. On the 24th this wound was entirely healed, and on May 27, 1898, the patient was discharged cured.

REMARK.

The rapidity with which the condition in this case was healed is undoubtedly due to supplied blood, and a parallel to it I do not know.

CHRONIC SALPINGITIS.

Mrs. McC., Stamford, Conn., American, aged 32, admitted April 11, 1898; salpingitis of left ovary. Had been under the care of a leading physician, who advised her to have the

ovary removed. This was absolutely refused and I was called in consultation. I did not agree with my colleague that the removal was absolutely necessary. This pleased the patient so much that she decided to enter the hospital for treatment. revealed a Digital examination soggy mass posteriorly on the left side, the womb considerably retroverted and severe endometritis. My theory was that absorption had taken place through the tube, and that if the endometritis were thoroughly cured the ovarian condition would subside; there being no positive evidence as yet of any pus. I therefore decided to put the patient on the following course of treatment: A teaspoonful of bovinine in port wine, every two hours, with a hot vaginal douche of plain sterilized water. This treatment was continued to the 27th, when the pain, which had been previously very severe, was entirely relieved. On the 28th, after etherizing the patient, I thoroughly curetted the womb, and after depuration with the bovinineperoxide reaction, packed it with bisterilized gauze saturated wth iodoform-bovinine. This was removed in 48 hours, the womb was again bovinine-peroxidized and repacked with gauze saturated with bovinine pure. These depurations and packings were repeated until May 5, when they were discontinued, and bovinine tampons were applied twice a day. The bovinine by mouth was increased to a wineglassful in grape juice every four hours. Patient now felt, as she expressed it, well and happy, aside from a weakness resulting from former sufferings. The bovinine tampons continued to be applied until the 20th, when the womb was found in a normal condition, there was no tenderness over the ovary. and the patient's general condition was better than it had been for years. A Thiersch douche was now employed at bedtime, up to the 28th. May 29, 1896, she was discharged cured and delighted that her ovary had been saved.





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ON THE REJECTION OF RECRUITS FOR THE ARMY.

The number of rejections recently made from the ranks of our reserves, the militia, has been so great as to create surprise among all classes of our citizens, especially the medical profession; hence we cannot wonder that several writers have assumed that our race is rapidly degenerating and in the event of a great war which might strain the resources of our nation much difficulty might be realized in mobilizing an army of men of such physical endurance as is demanded of a soldier in the field.

We feel confident that this apprehension is entirely unfounded, nay, that the average physical condition of the youth of this nation is now in advance of what it ever was.

The great difficulty arises in determining what constitutes average physical perfection.

Our attention has been recently called to this by a communication from Dr. Nicholas Senn, now surgeon general of the Fifth Army Corps.

He calls attention to the remarkable frequency of varicocele—or spermatocele, more strictly speaking—in the Illinois troops.

Of 9815 soldiers examined there were found 2078 affected with this lesion, nearly one-fourth of the whole.

Of this large number this celebrated surgeon writes that "when questioned as to whether the lesion gave them pain, with the exception of three or four all responded in the negative, and in more than half of this number they were ignorant of any infirmity."

From this experience Dr. Senn believes that varicocele is very rarely a cause for disability for military service. But we would like to know if these men were rejected, as this lesion has been generally regarded as a physical disqualification in military examinations.

And so have been those who had hemorrhoids and varicose veins of the extremities. It would be interesting to know in this connection how many had evidence of piles or tendency to saphenous varix. The chances are that had these come under the same severe scrutiny, that of the 10,000 troops scarcely a corporal's guard would be left.

This timely communication in a

large measure explains some of the fallacies of physical examinations and the absurdity of the assertion that the physical development of our troops is below the average standard. It should be remembered that almost no one passes puberty or middle life who has not suffered from some variety of phlebectasia or varicose phlebitis.

Enlarged or tortous veins are a source of no trouble, as a rule, unless from some cause, inflammation is provoked. But we must make an

exception in spermatocele.

In some of these cases we have a very peculiar series of psychical, not neural, phenomena; the patient is apprehensive, depressed and de-Pressure from the engorged and distended pampinform plexus on the filaments of the sympathetic and spermatic nerves provokes a very troublesome train of phenomena, bordering on mental aberation. They are always unsatisfactory cases to deal with, and may involve the surgeon in trouble if he is not cautious. For example, a case came under care of writer in which a young man had the slack of the scrotum cut away as a remedy, but he claimed that the surgeon deceived him because too much was cut away, and the testicles were drawn

painfully tight against the pubes. It will be remembered that the distinguished Parisian surgeon, Delpech, was murdered by one of these melancholics whom he had operated on for spermatocele.

The operation on both sides resulted in sexual impotence. The frenzied patient lay in wait for the surgeon and shot him dead as he was about to enter a theatre.

The point which Senn makes as to absence of relation between the intensity of the symptoms and the volume of the varix is well to note, though everyone who has critically studied varix in any other situation may often note same feature.

It only goes to emphasize what has always been the writer's experience, viz., that varix in any situation is quite painless and harmless until patholic changes set in.

There certainly is no good reason for rejecting the varicosed youth from military service. In any event, the most troublesome and grave form, which involves the deep intermuscular veins cannot be discovered by any examination, and hence the afflicted may be admitted as "sound," while his more unfortunate neighbor, with the more trivial variety, is promptly rejected.

PURPURA HEMORRHAGIC.

Purpura hemorrhagica, though by no means a rare disease, at times presents certain complications and sequelae which make its consideration of more than passing interest. We have at present in St. Joseph's Hospital a patient convalescing from an attack of purpura followed by paraplegia. The history of the case can be briefly stated:

J. D., male, 32 years old, has been an inmate of the hospital for about five years. Originally admitted for pulmonary trouble, he became so much better that for the past two years he has been of assistance, doing general work about the hos-

pital. About the 1st of April he complained of being fatigued on the slightest exertion, and seemed disposed to shirk the lightest labor. Some days afterward purpuric spots were discovered on his legs, intensely red in color and averaging from two to four millimetres in size. They were of various shapes and distinctly outlined.

The "tired" feeling of which the patient complained seemed to be relieved on the appearance of the spots. Some four days afterward the purpura assumed a less congested appearance, becoming purplish in character and less defined. A

copious epistaxis set in, which rapidly developed into a hemorrhage of alarming proportions. The gums, too, began to be affected, and the odor from the oral cavity was very disagreeable. Despite the usual remedies the hemorrhage continued unabated. The kidneys partook of the general hemorrhage infection, the urine being markedly colored. Ergot, iron and sulphuric acid were administered in large quantities, but seemed to be of little avail. The anemia became profound, the pulse averaged about 120, the temperature 101 to 102, and the prognosis was decidedly unfavorable, rendered more so by the constitutional diathesis antedating the development of the purpura. So far as could be ascertained there was nothing disclosed in the history of the patient to show a true hemophilia. Scurvy could not be entertained as a causative factor, as the conditions surrounding the patient in the hospital were not such as to lead to the development of that disease.

Orange juice was given in large doses frequently, and whether the cessation of the more acute symptoms was due to that simple remedy or the hemorrhage ceased spontaneously it is difficult to state.

The patient rapidly improved and the tinnitus, which was one of the most distressing symptoms, became less marked as the blood resumed its

normal proportions.

A week after the various hemorrhages ceased he complained of inability to walk, so much so that he would not attempt to take a step without support. He could stand without swaying, and his pupils reacted normally. The conclusion arrived at was that a hemorrhage had taken place in the lower cord, and the prognosis was considered favorable. He was put on large doses of the iodide, and in about four days he was able to walk aided by a cane. Since then he has recovered almost the full power of locomotion.

A question may arise as to the efficacy of the iodine, as the response was too rapid to be entirely due to the drug. The probabilities are that the clot was small and would have become absorbed if the potash had not been administered. However, it is better in this class of cases to make use of the alterative and absorbent effects of the iodide of pot-

ash to hasten resolution.

WONDERLAND, 1898.

This book, which is an annual production of the Northern Pacific Railroad Company, and is of special value to travelers, comprises much that is interesting and valuable to

the family. It may be obtained for the small sum of 6 cents in stamps forwarded to Mr. Charles S. Fee, general passenger agent, St. Paul, Minn.



CLINICAL SURGERY AND SURGICAL PATHOLOGY In charge of T. H. MANLEY, M. D., New York

ON THE TREATMENT OF SCI-OF A REBELLIOUS ATICA CHARACTER BY HERSAGE.

BY A. MARTY.

M. Quenu in the Surgical Engren of 1892 submitted a memoir setting forth the manner in which he had treated a considerable number of intractible cases of sciatica by the dissecting away of numerous varices from around the nerve cords, and later Delagenin has reported when he has gone further, divided nerve sheath, separated the fibres and enucleated varices from this deep situation; cure resulting in all

On July 24, 1896, M. Gerard Marchant operated on a patient who had suffered from such a severe form of sciatica that walking without great

agony was impossible.

In this case deep varix was suspected, but not found on dissection.

The patient was a female, 37 years old, in good health, who had six children. No history of hysteria, syphilis or rheumatism.

Along the course of the great sciatic trunk there was deep-seated pain and sensative areas to the touch.

From constantly saving the crippled limb in walking a marked scoliasis was present, sleeping was impossible, and the severe pain was most distressing. On exposure of the nerve by deep incision it secured arterial in every particular. There were no varices. Now hersage was begun; with a small canule the various fasciculi of the nerve cord was When hersage was combegun. pleted it seemed that the nerve had redoubled in size. Hemostasis was now made complete, a drain inserted and usual dressings applied.

The next day the limb was everywhere painful. In a few days the pains disappeared, when the patient

said she had a "dead foot."

She left the hospital in 13 days, all pain having vanished and the full

use of the limb restored.

Nine months later her wasted, feeble limb had recovered a rotundity equal to the right side, and then she stated that walking or standing in no manner fatigued her. The patella reflexes were normal.

M. Gerard Marchant records another case of a similar character, one

in a man of 45 years.

In this case of a more aggravated character than the former a similar operation was performed. In this case after hersage was performed the nerve cords were lightly touched with a 10 per cent. solution chloride of zinc. The operation was performed on the 30th of April. On the 2d of June patient left the hospital for home, entirely cured.

PHYSIOLOGICAL STUDY.

M. Marty demands how relief and cure occur through hersage; how the mechanism acts and the nerve structure is modified?

There are attempts to answer by animal experimentation on guinea pigs and cats. It was noted in these experiments that after the hersage of the sciatic sensability is suppressed but mobility is preserved. This in varying degrees followed in every instance.

On microscopical section of the nerve, post-mortem by M. Pillet, interstitial lesions were found with organized plastic elements. These corresponded to hemorrhagic extravasation at time of operation. These freely separated the fasciculi and tubes one from the other. The lesion of the tubes is of a passive character. A large number were tumefied; others were distended or ruptured. There was no connective tissue proliferation. These microscopical sections were made at intervals from one to four months after operation.

first that M. Marty concludes all rebellious sciatica which defies medical treatment should be treated by surgery.

Second. Until now rebellious sciatica was treated by the only surgical procedure justified, viz., elonga-

Third. We have demonstrated that hersage is by all means more certain and permanent.

Fourth. Hersage consists in a delamation of the nerve fasciculi and

streaks.

Fifth. Experimentation demonstrates that hersage, while it temporarily paralyzes the sensory filament, leaves the motor unimpaired.

Sixth. This is induced by traumatism of the nerve modification of nu-The operation is without danger and may be employed in rebellious neuralgias elsewhere.
—La Tribune Med., June 2, '98.

THORACOPLASTY THE IN TREATMENT OF EMPYEMA.

Jordan believes that for inveterate empyema Schade's operation for the resection of the affected plasma is the ideal operation.

M. Czerny in aggravated chronic cases resects sufficient of the ribs to allow a complete detachment of

all adhesions.

No sutures should be employed. The wound should be well tamponed in order that work may begin in the

dry parts.

In 20 cases so treated he had but one death. But this free dissection is not often called for in children, whose thorax is so elastic. In proven promise tuberculosis we cannot much, although this procedure is not firmly contra-indicated.

Delorme's method is less formidable than Schade's, and Jordan believes in most cases is to be pre-

ferred.

M. Karawski has performed thoracoplasty 18 times, losing but one case. In the first he diagnosed vertebral caries and cleared away considerable necrosed bone from vertebral column. He resected seven ribs. He believed the empyema was secondary to spondylitis.

In one case he thoroughly cauterized a suppurative layer after thorough curettage; another had pulmonary acitinomyosis requiring a thorough curettage.

Lauenstein preferred the Simon-Esterlauder operation to Schade's, because he thought it safer to do a series of minor operations to one very large one over extensive areas.

Hoffman believed that costal resection was always called for in pyothorax, the parts being well opened at the free site of suppuration. He dispensed with all drainage and allowed ambulant treatment the next day.

M. Koenig advised as a general rule to open the pleura in the axillary line, as here we will most frequently come on the suppurating areas, and drainage is most efficient.

—Gaz. Hebr., June 2, '98. Note.—The above brief notes point how the pendulum swings in pyothoraxa The unsurgical tubes are banished, the pleura boldly opened, the site of suppuration sought out, the pus and pyogenic membrane cleared away and the whole sealed That is ideal surgery. Costal resection under the periosteum involves little loss of blood and permits a thorough exploration, with greater ultimate facility for complete reparative processes. T. H. M.

RADICAL OPERATIONS FOR MA-LIGNANT NEOPLASMS THE LARYNX.

M. Lemon (Arch. f. Laryngol, 1897, Vol VI), after having passed in review the different works on the question, studies successively thyrotomy, endolaryngeal laryectomy, pharyngotomy, subhyoidia and total extir-

pation of the larynx.

Thyrotomy, or partial extirpation of larynx, should be limited to the soft parts or a resection of the cartilage, the extent determined after the larynx is opened. Here we must be certain and cut wide enough into the healthy tissue to avoid relapse. Our resection will be limited to the affected cord on commissure. gardless of what the effect may be on phonation we must do the work of excision completely once the larynx is opened.

We should proceed with deliberation, being cautious to effectually suppress hemorrhage as we advance and prevent escape into the trachea.

He believes that here chloroform

should be employed.

He has made the laryngotomies himself for cancers with five deaths, two from septic pneumonia, two from anesthetics and one from shock. The author is not an enthusiastic supporter of total extirpation.

—La Presse Med., Juni 10, '98.

SURGICAL HEMOSTASIS.

M. Doyen (La Reone Medicale, June 10, 1898) describes his instrument for effecting immediate and permanent hemostasis without the aid of forceps or ligature.

His instrument is a powerful crusher, which closes on the vessel and literally chews the end through.

He first employed it on the vessels on the broad ligament, but later used it with advantage in gastro-intestinal surgery.

It is used on vessels of a certain size calibre. In original hysterectomy he leaves this powerful clamp on for about 30 seconds, when he divides the artery and removes it.

It seems, however, that as a measure of security in large vessels he throws a ligature around them.

He treats the stump of an ovarian cyst in the same manner. He has employed this means in goitre successfully. This instrument has a compression force equal to 500 kilogrammes. In large pedicles he leaves it on from three to five minutes, which he believes is long enough when the vessels are healthy.

NOTE BY TRANSLATOR.

Any device which will simplify and render operative hemostasis more secure must be heartily welcomed by the surgeon, but we cannot see that Doyen's accomplishes this. And hence, except on the peripheral vessels, we cannot commend its adoption. It does not appear that it possesses any advantages over simple torsion, and it appears to have little influence on venous leakake; therefore why we advise, as a rule, as the only safe and secure procedure, the ligature.

This is said advisedly, after an abundant experimental and clinical experience with hemorrhage.

T. H. M.

INDICATIONS FOR RESECTION OF THE URETHRA.

Roosing (Klinisch-therapeutische Wochenschrift, No. 7, 1898) gives the following:

1. In impermeable strictures.

2. In cases in which the stricture is elastic and immediately recurs after an attempt at dilatation, and above all in cases in which at the same time an ulcer or a suppurative urethritis exists back of the stricture.

3. When the stricture is of a peculiar character, diaphragmatic with an eccentric opening, valve-like, or something similar, whereby we are enabled to enter one day and not the

following.

4. When severe pain or hemorrhage from granulation masses renders a systematic bougie treatment

impossible.

5. When a fistula remains permanently back of a stricture, as the remains of a peri-urethral abscess or an external urethrotomy.

-New York Med. Journal.

TREATMENT OF ENLARGED SPLEEN BY ETHER SPRAY.

Moscucci at the suggestion of Professor Raimond, has tried the effect of ether spray applied to the left half of the abdomen in cases of enlarged spleen. In the 12 cases briefly reported by the author very marked reduction in the volume of the enlarged spleen was observed after treatment. From 25 to 30 g. of ether were sprayed over the splenic area, through a Richardson atomizer, once a day. Measurements of the spleen before and after treatment are given in each case. With the reduction in size the patient's general condition improved. No bad results are recorded. As a rule, the right side of the abdomen was covered with cotton wool and only the affected splenic area played upon. —Řif. Med., April 23, 1898.



HYSTERIA IN CHILDHOOD.

Hysteria is not, as believed for a long time, a special malady of adolescence or adult years, for like epilepsy, we may encounter it in early childhood.

Many cases have been reported in early childhood by Landouzy, Georget, Bean, Briquet and others. Picot records 71 cases of hysteria between the ages of 5 and 10 years, and 157 between 10 and 15 years.

Whatever may be its general epoch it presents itself under the most diverse forms. Halipre notes the case of a girl 13 years old who had pain in the right hip joint, with loss of motion and many of the symptoms of coxalgia. After a critical examination arthritic disease was excluded.

The patient was put to bed and placed on internal remedies, with the result that the disease was cured in three months.

In these cases moral and hygienic measures most constitute the foundation of our treatment. Patience, perseverence and tact are called for on the part of the practitioner.

—La Normandie Medicale.

—La Normandie Medicale

PROFESSOR SCHENCK'S RESEARCHES ON THE PREDETERMINATION OF SEX.

As the investigations of Professor Schenck as to the power of artificially determining the sex of offspring have aroused so much curiosity and interest, we have abstracted from the British Medical Journal a statement of the argument on which his conclusions are based. The pamphlet opens with the statement that it is impossible to command natural processes, but possible by scientific

means to exercise a more or less effectual influence upon them, in order to extract from them the best possible results.

In the development of an embryo the generative organs are at first indifferent—hermaphrodite; in the further process of growth one set develops while the other atrophies. This tendency must be predetermined from the time of fertilization. for each cell formed from the ovum must have sexual characters, since these are not confined to the generative organs, but appertain to the whole body. The readiness which an ovum can be fertilized depends upon its position in the ovary, the thickness of its envelope, etc., and these may also have a bearing on the question of sex. In other words, the predetermination may precede fertilization, and of this confirmation is found in the development of bees and in the production of male and female flower by plants under different nutritive conditions. It is pointed out that the male sex preponderates to a definite, though slight, degree in the total number of births, and that the sex of a child is more likely to be that of its older parent. Particular attention is paid to the theory of crossed sexual heredity, by which each sex tends to propagate the other. Thus, if the sexual power of the male be greater a female offspring is more likely to result, and vice versa. With regard to the influence of environment upon sex, Robin's statement is quoted that in warm climates females preponderate, in cold and unfavorable, males. Born also showed that 95 per cent. of artificially fertilized frogs'

eggs hatched out as females, this being an effect of nutritive conditions acting after fertilization. Thury found that cattle fertilized at the beginning of "heat" threw more females, at the end more males. This he explained by the degree of ripeness of the ovum, but Professor Schenck accounts for it on the crossed inheritance theory, the sexual power of the female being at its greatest at the end of the period of rut. This part of the work is summed up in the statement that the sex of offspring largely depends upon the state of nutrition of the parents, particularly that of the mother during pregnancy. During this period the difference between intake and excretion represents the food of the embryo and hence requires special attention. The temperature is slightly raised, owing to oxidation processes, which entail a considerable consumption of red blood corpuscles and consequent diminution of hemoglobin.

It has been observed in domestic animals and in insects that the better the mother is nourished the more females she produces, the number of males remaining practically constant. This influence upon the fetus in utero has received but little attention from the practical point of view, and Professor Schenck consequently set out upon a series of observations based on the theory of crossed sexual inheritance. He first investigated the excreta and particularly the carbohydrates of the urine. The presence of a certain amount of sugar, which is commonly recognizable by the phenylhydrazin test in perfectly normal individuals, indicates incompleteness of the oxidation processes, whereby a certain quantity of heat is lost to the body. physiologic output of carbohydrate is in the male sex most marked during the period of growth; that is, between the ages of 14 and 19. In women there is no corresponding increase, but small quantities may appear in the urine before and after menstruation, while Iwanoff and others have shown that glycosuria is common in pregnant and parturient women. Now the amount of sugar normally excreted is equal in men and women, but more significant in

the latter owing to the lesser activity of their metabolic processes. For the perfect ripening of the ovum it is necessary that oxidation shall be perfect; that is, that no sugar shall be left unburnt. When there is a remainder of unburnt sugar the ovum stands a chance of being less ripe, and less well-nourished. Hence the properties of its protoplasm are less well developed and by the theory of crossed inheritance it is more likely to produce a female child. On the other hand, when the urine is free from sugar the ovum can attain perfect development and give rise to male offspring. It is upon this carprinciple that Professor Schenck's theory is based. He holds that a prolonged course of appropriate nourishment both before and after the fertilization will tend to the conception of male children only. The next question is of the means to be adopted to ensure this end.

male child is desired, and the mas ternal urine contains no sugar, but abundance of reducing substances (particularly the levo-rotatory glycuronic acid) he allows impregnation forthwith. If, on the other hand, sugar is present, it must be removed and the reducing substances increased before fecundation may take place. It is found that the urine of a woman pregnant with a boy contains more reducing substances than that of one with a girl. The diet recommended contains amount of proteid, which seems to be required by a male embryo. Finally, Professor Schenck gives what may be called his clinical results. He quotes numerous cases to show that the bearing of female children is associated with glycosuria. In such instances he recommends a diet comprising plenty of proteid and fat, and as little carbohydrate as can be tolerated. This must be taken for two or three months before and after impregnation. He gives one example in which six boys were born in succession under this treatment, and a girl immediately it was relaxed, and others in which boys were born after repeated births of girls before the treatment. In all, out of seven recorded cases, six were successful. He concludes that the nutrition of

the mother plays a most important part in the predetermination of sex, and that in countries where much flesh is consumed there is a marked preponderance of male children. This can be imitated artificially, but it is far more important to ensure the completeness of oxidation processes in the body. As long as the combustion of the food is perfect, and the urine is totally free from sugar, the exact amount of meat consumed is of secondary importance. The birth of male children can thus, in certain cases, be predetermined, but the voluntary production of girls is a problem as yet unsolved.

-Philadelphia Med. Journal.

MODERN SURGERY IN WAR.

The announcement that it has been found possible to bring home some of the wounded in Egypt without changing the aseptic dressings applied when the wounds were first treated will have been heard with great satisfaction. It is, in fact, a triumph for good surgery and good organization, and proves that military surgery has shared to the full in the remarkable advance in surgical ideals and methods which the present generation has witnessed. The ideals which surgeons have had before them in regard to the healing of wounds at various epochs form indeed a very interesting part of the history of surgery, and especially of military surgery. Very great changes have taken place in the standards set up, even in our own times, and nothing has ever done more to diminish the sufferings of the wounded than the introduction of aseptic methods, which render it not only unnecessary but undesirable to resort to the frequent dressing wounds which used to be obligatory. Many surgeons who have hardly yet reached middle life can remember the anxiety with which some Nestor of his youth looked out for a free discharge of what he would call "laudable pus" from all but the simplest wounds. To this exudation he looked to carry off, especially in lacerated wounds, all the bruised and torn tissue whose vitality was destroyed by the violence inflicted. His ideal was only realized when dressings were rapidly soaked with discharges so that they needed to be frequently changed, and he encouraged this state of things by poultices and fo-

mentations in great variety.

Later on, in the earlier days of the antiseptic period, the hope of surgeons appeared to lie in the destruction by chemical antiseptics of all the forms of low vegetable life which under ordinary conditions gained access to most wounds, and in the carrying off by means of numerous drainage tubes all blood and exuded serum which might have formed a favorable soil for these organisms. But the drawbacks of this treatment soon became apparent. In the laudable efforts to destroy the germs which were correctly recognized as the cause of dangerous inflammation conditions were produced which were actually hostile to the healing of wounded tissues. The chemicals employed not only destroyed the microbes but also many of the tissue elements. And not only had the latter to be shed off before healing could take place, but in the process of elimination, and under the stimulus of the germicides, increased exudation took place, which required elaborate provision for the escape of fluid from wounds, and the reception and disinfection of the latter in special dressings which called for frequent change, lest they in their turn should become the soil for organic life. This, though tending in the right direction and affording a necessary transition from the older methods, was based upon a false ideal. The chemicals irritated the wounds; the secretion was consequently greater. This called for frequent interference with the injured part, and consequent risk of fresh infection from without at each exposure. But not only this, but one of the greatest factors in healings, namely, physiological rest, was not maintained, and the debilitated patient was put to much physical pain as well as psychical distress, both serious depressants of vitality in themselves.

Our present ideal is different. The highest aim of wound treatment is

now to see that nature is left as much as possible to herself. To this end we exclude ferments from wounds by every known means applied to the surrounding air, the dressing utensils, instruments and hands brought in contact with the injured part. We do as little as possible to the actual wound, whether with antiseptics or by manipulation, and so secure a maximum of rest and a minimum of pain and fright to the patient, and if by these means the wound is left clean and at rest nature will do the remainder.

The case of an excision of a joint well illustrates this change which has come about. In our fathers' days if such an operation was attempted at all, which, on account of its great mortality, was rare, free suppuration was provided for as a matter of course for weeks and months, and the patient suffered untold misery all through this long after-treatment on account of the constant dressing of the wound and the physical and mental unrest thereby entailed. Then came the blessings of the antiseptic period, with the elimination of infection, but with the drain tubes and the still frequent dressings and interference with the damaged part. We have now arrived at a point where by the aseptic treatment wounds are left in a state of rest, untouched until healed under one dressing in nine out of ten cases. It is indeed becoming a very common experience to see these large and complicated wounds joints, as well as of other parts, left absolutely undisturbed under the dressing put on at the operation until the tenth day. The dressing is only then removed because the wound has been perfectly healed. Indeed inconsiderate patients are often dissatisfied because so little has been done for their wound. think it ought to have been looked at at least once every day or so. And when the surgeon who has put forth all his powers, based upon his knowledge of pathological and physiological processes, as well as the experience of countless cases, points triumphantly on the tenth day to an absolute union without a spot of pus and without drainage, the patient

often quietly says: "Yes; I have excellent healing flesh," and ignores his part altogether, ignorant of the fact that only the surgeon's conscientious and patient carrying out of countless details in principle and manipulation have saved him from all the disasters of sepsis. In some cases, even, he is reproached with having done so little, and colsequently receives but scant gratitude.

In no branch of surgery has this rapid evolution of ideals been more strikingly illustrated than in the treatment of bullet wounds. poultice, or frequently changed water dressing, with all its foulness and risk, gave way at first to the cumbrous ritual of the antiseptic period, with its greatly reduced risks of septic infection, but with its constant change of dressings and frequent irrigation with chemicals. Then, with the more perfect knowledge of the nature of infection, and of its sources, came the knowledge that these could be eliminated by attention to the perfect cleansing of the media, which must almost necessarily come into contact with wounds sooner or later. An ideal has thus been reached which for simplicity and the excellence of its results would excite our fathers, could they see it, almost to incredulity.

The modern soldier now carries in his knapsack simple antiseptic dressings, to be applied at once by himself or his comrade to his wound. The aim of this dressing is less to act as a germ-destroying covering for the wound itself than to protect the latter from access of microbes from without, and with such a dressing the wound can be left untouched for days, and frequently to complete cicatrization with perfect impunity. Indeed, one of its greatest advantages is that with it exposure of the wound, with all its risks of infection is rendered unnecessary. In short, the ideal which the civil surgeon places before himself in dealing with the terrible wounds of modern operations is realized in the far simpler wounds made by the modern smallbore projectile, with its high velocity and clean-cut hole.

Those soldiers are indeed fortunate who when wounded fall into the

hands of military surgeons who fully grasp the principles of asepsis. They conscientiously carry out its details, and their confidence in the precautions for warding off sepsis is such that they positively forbid the removal of a dressing once applied to a bullet wound with due regard to asepsis, so long as pulse, temperature and general condition indicate that nature is left undisturbed in her healing powers. These surgeons will then order their patients to be removed at once from the seat of war with a permanent antiseptic dressing, and so will prevent that overcrowding of field or base hospitals which in former days not only hampered the commanders in their military movements, but also led to those outbursts of wound infections which swept away countless valuable lives.

Some of us who have seen the horrors of war under the old regime must feel deeply thankful that we now possess in our soldier-surgeons men fully impressed with the newer teaching and with the courage and confidence to give effect to it in their own noble work.

-British Medical Journal.

A PHANTOM TUMOR OF THE ABDOMEN.

BY M. TANCHON, Clinique Du Tarnier.

-Gaz. Heb., Mai 2, '98.

A young woman of 20 called on me to examine her abdomen, which she said had lately reached such dimensions that she was no longer able to wear corsets.

She said she had a great weight and tension in the abdomen which gave her great distress, particularly when she walked. She had hollow

eyes and was anemic.

Her history was that of a virtuous life and sure enough her hymen was unbroken. On examination of the abdomen I was convinced that she had no growth of any kind. But as she was positive that she had a tumor, and it should be removed, an assistant later was called in. She was anesthetized and her abdomen covered by the usual dressings of

a laparotomy. In one week she went home satisfied that she was cured.

After one month she returned with all her former symptoms and claimed a deception had been practiced; that she had only been "tapped." This time I made an incision through the integument and inserted a row of sutures. Now she was contented she was cured. Later she entered a convent.

CHLORINATED SODA IN GON-ORRHEA.

Chassaignac has used this treatment in his clinic for two years. He uses the U.S. P. liquor sodae chlorinatae. The author has treated 500 cases in various stages of the disease. and found benefit in all except those which were too acute to syringe, or in very chronic cases. The advantages claimed are: (1) It is alkaline, and the gonococcus thrives best in an acid medium; (2) it is antiseptic, penetrating and non-irritating; (3) it dissolves the secretions of the mucous membrane, but does not coagulate albuminoids. The solution must be pure and comparatively freshly prepared. The author uses dilutions of three different strengths—1 in 48, 1 in 32, and 1 in 24, beginning with the weak solution in acute cases, the stronger solution being used for older cases. It is used three or four times a day at first, with a syringe holding three-eighths of an ounce. the fluid being retained for two or three minutes. It is also recommended in tgonorrheal ophthalmia.

-Amer. Journ. of Cut. and Genito-Urinary Diseases, January, 1898.

THE TREATMENT OF PERTUSSIS.

Marfan teaches that, although there is no specific remedy for whooping-cough, yet much may be done to diminish the number and violence of the attacks of coughing and to relieve the broncho-pneumonia. Affections of the bronchial glands may give rise to a cough rather like whooping-cough, but not of the same spasmodic character. The vomiting so often observed with the cough is attributed by the author to increased

abdominal tension due to forcible inspiration. For the cough the author recommends belladonna, antipyrin and bromoform in order of merit. Bromoform is best given in emulsion; it shortens the duration of the attack (in four cases reduced to three weeks) and lessens the cough. The first symptom of intolerance is drowsiness; the drug may also cause diarrhea and vomiting. On the whole it is the best remedy known at present. When this drug fails a mixture of antipyrin, belladonna and syr. tolut. is recommended. Antiseptic douching of the nose and mouth is advisable as a preventive of bronchopneumonia. Rigorous confinement to the house is not essential.

Rif. Med., March 8, 1898.

THE PROPERTIES ACQUIRED BY THE SERUM IN THE COURSE OF ENTERIC FEVER.

Courmont draws the following conclusions from his experiments: Properties acquired by the serum in the course of the disease. (1) The condition of the serum at first (sometimes as early as the fourth day of the disease) favors infection by the typhoid bacillus. Later and during convalescence this favoring action disappears. (2) It is succeeded by an immunizing action, which increases gradually till cure is complete, but which exists before the symptoms of infection go. (3) Typhoid serum mixed with cultures of the typhoid bacilli and left in contact with them for some hours attenuates their virulence considerably. This attenuating property is independent of (1) and (2), since it is present during the whole course of the disease. Human non-typhoid serum has, as a rule, no such power. b. Relations between clumping and the other properties acquired: (1) The above properties of typhoid serum can be detected in quantities of serum only just sufficient to cause clumping in the dose of culture injected into an animal. (2) There is no relation between the clumping power and the favoring infection or immunizing properties; the former may coexist with the other two in the same serum, but is independent of them. (3) However, there is a fairly constant relation between the clumping and attenuating properties; in fact, the degree of attenuation of cultures seems to be exactly proportional to the modification of the bacilli produced by their clumping. Clumping must, therefore, be considered as a protective reaction of the organism during the period of infection. c. Clinical applications: The study of these acquired properties, especially of the formation of the clumping substance, is useful in serum prognosis. Thus the infectionfavoring property persisting sometimes may fortell a relapse, and an early established immunizing property a quick recovery. The curve of the variations in the clumping power of the serum during the whole course of the fever reveals the way the organism reacts against infection, and constitutes one of the most important elements in prognosis.

-Arch. Internat. de Pharmacodynamie, vol. iv, fasc. 1 and 2, 1897.

FUNCTIONAL NEUROSES.

Biernacki discusses the etiology of hysteria and neurasthenia. He contends that these neuroses are not the manifestation of a primary psychical disturbance, as most observers have thought, but that they are merely symptoms of a morbid condition of the blood. In 50 cases of hysteria and neurasthenia, in which the blood was examined by special methods, there was found to be an abnormal amount of fibringen, and also an abnormal amount of fibrin in proportion to the amount of fibringen. In many cases also a curious clear appearance of the venous blood without any diminution of red corpuscles or of hemoglobin was observed. The blood changes are so constant in functional neuroses, even when these follow some traumatism, that they can only be regarded as primary. This view is supported by the frequency of hysteria as a complication of chlorosis, even when, as the writer has shown, the only evidence of chlorosis is the hydremic condition The blood changes of the blood. which produce functional neuroses are due to disturbance of oxidation

processes. This explains the frequent association of hysteria with the uric acid diathesis. The hereditary character of hysteria is analogous to the heredity of gout and diabetes, which are also the result of disturbed oxidation processes. The effect of emotional disturbance in producing hysteria does not disprove this view, for gout and diabetes are markedly influenced by emotion.

-Neurol. Centralb., March, 1898.

TYPHOID PERFORATION. BY B. MERRILL RICKETTS, PH. B., M. D., Cincinnati.

It is perhaps wise to conclude that the abdomen should be opened in all cases of perforation of the gut in typhoid fever. This statement seems especially rational when it is known that 16 recoveries have resulted from 83 operations, all of which have been

made since April, 1884.

The opening of the belly should immediately follow perforation, as those cases which have recovered would indicate. The most favorable ones are those in hospitals, where the condition is more likely to receive early detection and operative interference, while those cases in the rural districts are not so often seen by the physician or so likely to be attended by an experienced nurse.

It is said that 371-2 per cent. of the deaths from typhoid fever in Johns Hopkins Hospital are due to perforation, and, as it is pretty generally believed that all undergo dissolution if undisturbed, it is the more important that all should be subjected to abdominal incision.

As a rule nothing more than the incision and evacuation of fluid and solid matter is necessary. Little, if any, manipulation of the viscera should be done. It is but a few in which it is necessary to close the opening in the gut by suture, it being best to allow free drainage with gauze.

The physician who encounters perforation in typhoid fever should not hesitate to immediately open the abdomen should he not be able to secure the advice and assistance of an

experienced surgeon.

Errors in this as in all other kinds of surgery are expected, especially in confounding diseases of the appendix with typhoid fever. Operation is necessary when perforation occurs from any cause, and must not therefore be relegated for other means which can only be followed by disaster.

In conclusion, I would say that it is far more dangerous to allow perforation from typhoid ulcer to go unattended than for the operation to be made by the most inexperienced

physician.

. -Lancet Clinic.

TUBERCULOSIS OF THE STOMACH.

Blumer describes three or four shallow circular ulcers near the greater curvature of the stomach in a woman aged 50, who had generalized miliary tuberculosis, tuberculous ulcers in the ileum, and tuberculosis of the kidneys and aorta. The ulcers were shown to have the microscopic structure of tubercle, and to contain tubercle bacilli. Tuberculosis of the stomach is rare. Blumer has only been able to collect 30 well authenticated examples. Probably gastric ulcers in tuberculous subjects have often been regarded as tuberculous. The tuberculous lesions of the stomach may be divided into (1) miliary tubercles, which are rare; (2) single, and (3) They are always multiple ulcers. secondary. In order to explain the infrequency of tuberculosis of the stomach, two theories have been proposed: (a) that it is due to the rarity of lymphoid tissue in the stomach; there is no proof in support of this idea; (b) that the acid of the gastric juice prevents the development of the tubercle bacilli. While this factor has been rather overestimated in the past and underestimated lately, it is probable that when the mucosa is healthy the acid is sufficient to prevent infection, but not when the resistance of the gastric mucosa is lessened. Thus in multiple tuberculous ulcers it is probable that hemorrhagic erosions or some factor interfering with blood supply or part of the mucosa play an important part. Large, single, tuberculous gastric ulcers are probably due either to infection of a pre-existing ulcer or to di-

rect extension inwards of peritoneal tuberculosis.
—Albany Medical Annals, March, 1898.

OPERATIONS ON THE STOM-ACH.

Carle and Fantino have made a further contribution on the pathology and surgery of the stomach, dealing chiefly with non-malignant stricture of the pylorus. The choice lies between pyloroplasty and pos-terior gastro-enterostomy if operation is decided upon. Pyloroplasty is dangerous when there is extensive and pronounced thickening, or when peripyloritis exists with adhesions to surrounding viscera; for these cases and also for stenosis of the duodenum gastro-enterostomy or resection is the only possible method. When either operation can be adopted the authors recommend gastro-enterostomy for the hyposthenic cases (that is, cases with a diminution of the motor and secretory activity of the stomach), and pyloroplasty in spasmodic strictures and in cicatrical stenosis of an annular form, as this operation preserves the normal relations of the viscera, and is not followed by regurgitation of bile. careful account of the various effects of the two operations is given, and a contrast drawn between them, also a description of the method of operation.

--- Il Policlinico, April 15, 1898.

PRODUCTION OF STERILITY BY DIVISION OF THE FALLO-PIAN TUBES.

Kossmann relates some early experiments on young hens, to show that simple ligature of the tubes is insufficient to ensure sterility. The oviduct was tied with silk; but six weeks later the hens began to lay. Post-mortem examination showed that the silk ligatures had become encrusted with calcareous matter, and then broken by the swelling oviduct. The two halves of the broken rings were found in the peritoneal cavity. He goes on to remark that ligature of the tube followed by division may be ineffective if the division be made with knife or scissors, for the union of the cut edges of the two halves with the surrounding peritoneum may lead to the formation of a little sac which serves as a communication. The same result may follow the removal of a piece of tube by a clean incision; and even the sewing up of the cut ends is uncertain, for the cutting through of a stitch may vitiate the operation. The writer holds that the only certain method is the excision of part of the mucuous membrane of the tube or its destruction by means of the thermo-cautery.

-Cent. f. Gyn., April 9, 1898.

ALBUMINURIA AND PAST AND FUTURE PREGNANCIES.

Blaudeau publishes information of much importance as to albuminuria in past pregnancies and the prognosis if the patient should again con-Altogether albuminuria in pregnancy seems to prevail most in first, second and third gestations, becoming rarer in multiparae. Blaudeau has worked in the Baudelocque Clinic for the last two and a half years for the necessary statistics. He came upon 23 cases of pregnant multiparae who had suffered from albuminuria in earlier gestations. In 13 not a trace of albumen could be found in their urine, which was repeatedly examined; 3 out of the 13 had convulsions in previous pregnancies; 1 of the 3, indeed, had 11 eclampsic attacks in an early labor, yet when again gravid, some 18 months later, neither albuminuria nor eclampsia occurred. In 8 of the total 23 albuminuria recurred, but in a milder form, whilst the infants were stronger than their elder brothers. In 2 of the 23 only was the albuminuria worse than in earlier pregnancies; 1 had eclampsia and 1 was prematurely delivered of a macerated fetus.

-These de Paris, 1897.

PYOMETRA AND PYOSALPINX IN AN INFANT FROM PER-SISTENT SINUS URO-GENITALIS.

Nehrkorn gives clinical and pathological details of an infant, aged 11 months, who was admitted moribund into hospital. She had been healthy till three weeks previously; then double pneumonia set in, and a hypogastric tumor developed. A practitioner made an exploratory puncture, and thin pus escaped; the temperature rose to 105 degrees. The child was unfit for abdominal section, and died two hours after admission. There was blood in the peritoneal cavity, but no pus, the swelling being adherent to the parietes and surrounded by adherent intestine. This swelling was a greatly dilated uterus full of pus; its cavity communicated by a long median canal with the bladder opening into the latter organ below and between the ureters. Pus ran freely from the uterus into the bladder. The right tube was dilated, obstructed, and full of pus. The vagina was wanting. The kidneys were hydronephrotic, the ureters dilated. Nehrkorn believes that the primary disease was infective nephritis and cystitis, which poisoned the uterus through the abnormal patent sinus urogenitalis, the absence of a vagina preventing the escape of diseased products.

-Virchow's Archiv., vol. cli, Pt. 1, 1898.

FIXATION OF MOVABLE LIVER.

Blanc reports the case of a woman, aged 35, who suffered from locomotor ataxy. Fever, rigor and bilious vomiting set in, and as the liver seemed to be enlarged, abscess of that organ was feared. On careful examination the liver was found to be movable to an extreme degree. It could be pushed up under the ribs, but descended directly the hand was taken away. There appeared to be no doubt that it grew larger during the attacks of pain which took place in the course of the other acute symptoms. Icterus was also present, so that there could be little doubt that the displacement of the liver caused obstruction of the bile ducts. A Langenbuch's incision was made; the liver was found firm and deeply grooved by stays. The serous coat of the liver and the corresponding surface on the parietes behind the costal cartilages were scratched with the knife so that adhesive exudation might be encouraged. Three No. 3 silks were passed to the depth of half an inch into the substances of the liver, and brought out between the cartilages of the false ribs; lastly they were tied. Three more silks were employed to fix the liver to the upper part of the incision; they included peritoneum and muscle. A year and ten months later the patient was in good health and comfort. No attacks of pain and fever had occurred after the operation.

—Loire Med., Dec. 15, 1897, No. 317.

ULCERATION AND ANEMIA.

Mrs. K- J-, Swede, New Canaan, Conn.; age 34, admitted February 8; ulcerative tubercular endometritis and tubercular vaginitis. In addition patient presented all the symptoms of a well defined case of anemia. The blood on microscopical examination gave but half a normal count of red cells, and but 40 per cent. of hemoglobin. Microscopic examination of the secretions of the uterus and vagina revealed distinct traces of tubercle bacilli. She was given from the first a tablespoonful of bovinine in claret every three hours. The vagina was cleaned out with the bovinine-peroxide reaction washed out with Thiersch, twice a day, to February 14, when the condition was so much improved that it was decided to attack the uterus. After it had been cleared out by the bovinine-peroxide reaction washed off with Thierseh, it was packed with strips of sterilized gauze, which had been saturated with iodoform-bovinine and wrung out. After four days the packing was removed, and the interior was found perfectly sweet and healthy in appearance. The process was again repeated, and the vagina cleansed in the same way, twice daily until the 25th, and on this day all points of granulation in the vagina were touched with 25 per cent. pyrozone, and thenceforward bovinine tampons were employed posteriorly and changed twice a day. By March 3 the condition of the patient showed marked improvement; the blood was already almost normal and the secretions of the uterus and vagina revealed to the microscope no trace of the tubercle bacillus. On the 12th the bovinine tampons were discontinued, the womb and vagina being restored to a normal condition. Bovinine was continued internally until the 26th, when the case was discharged cured.

ULCERATION OF CERVIX.

Miss W-, Long Island City, N. Y.; dancer; admitted March 29, 1898; large ulcer covering entire surface of external os. Patient's general condition was good, but suffered great and continual pain, particularly when on her feet, insomuch that she had been obliged to give up her occupation. Examination revealed a deep burrowing ulcer, exuding a large quantity of muco-purulent pus. She was at once put on a teaspoonful of bovinine in milk every two hours. The ulcer was next thoroughly cleansed of the effete matter by the bovinine-peroxide reaction washed out with Thiersch; touched up with 25 per cent. pyrozone, and pure bovinine then applied by means of three small tampons, the process being repeated twice a day. From and after the second of these changes the patient was entirely relieved (the usual effect) of the severe pain suffered until this time, and expressed herself most delightfully surprised, having been under all the various treatments in institution and private practice for over a year, during which she had scarcely been free from the pain and soreness for a minute. The continued effect was almost as magical; by the four application all discharge ceased, and the entire surface of the wound had become covered with healthy granulation. On the 19th of March the ulcer had healed with the exception of two small spots. On the 28th the patient was discharged cured, the ulcer being entirely healed, and leaving no evidence of a cicatrix.

A NEW TREATMENT FOR DIABETES.

The Philadelphia Medical Journal, quoting from Medicine Moderne, says that Professor Pietro Lupo, of Naples, has found that an exclusively vegetable diet gives marvelously good results in diabetes. Vegetables of all kinds are permitted, including peas, beans, fruits, etc. Two cases are reported, the result in one case being characterized as marvelous. In both cases albumin and sugar disappeared from the urine, gangrene

moderated, and recovery was complete within 18 days.

LARD AS AN ANTIDOTE FOR STRYCHNINE.

Dr. W. D. Turner, in the Virginia Medical Semi-Monthly, reports a number of experiments on dogs, chickens, hogs and crows, proving conclusively that lard is an antidote of great value in strychnine poisoning. This is reviving an old domestic remedy. When a boy, in the sixties, the writer has seen his father pour large quantities of lard down the throats of dogs that had been poisoned by strychnine, and invariably the dogs recovered. This was a common domestic antidote for strychnine poisoning in the early days in Texas.

INTERMITTENT LAMENESS.

Buorgeois has made an exhaustive investigation of this subject. It will be remembered that Charcot was the first to notice occurrence of this condition in the human subject, although it has for some time been known to veterinary medicine. The affection consists of an intermitting painful paralysis, due apparently to arterial obliteration coming on suddenly, so that all motor power is suspended in arm or leg, as the case may be. This arterial obliteration may be due primarily to atheroma, whether occurring in an arthritic subject or in connection with alcoholism, saturnism, malaria, or senility, or, again, diabetes, which seems to cause a form of hyperplastic endarteritis, causing diminution or obliteration of the lumen of the vessel; or syphilis may be the cause of arterial stenosis. In other cases, a tumor, aneurysmal or otherwise, has been sufficient to induce the symptoms by pressure on the vessel. Thus, from any of these causes the blood supply to the limbs is diminished. therefore, the patient is at rest, there may be no inconvenience; but when any attempt is made, more particularly an unaccustomed one, a sudden attack of pain with loss of motor

power may result. Thus it is that while walking the patient may suddenly become affected with lame-In patients affected with theroma, diabetes, etc., the initial symptoms are slow and often insidious. Walking, for instance, is accompanied by a certain amount of fatigue, and little by little the patient remarks that he is becoming unfit to go more than a certain distance, and the more fatigued he becomes the more he suffers from pain in one or both limbs. Not infrequently the condition is thought to be rheumatism, varicose veins, or some form of actual paralysis. nally, the patient finds that after a few minutes walking he is obliged to sit down, unable to take another step. In syphilitic cases, the onset seems to be more rapid, but may show a tendency to subside, to reapear in the form of crisis. Finally there is added to the inability to and sense of extreme limb a numbness with sensations of burning and itching. These symptoms may become so marked that the limb stiffens, the tendons stand out, and intolerable cramp with marked contracture may occur. These phenomena may be limited to the toes, but as a rule they are more common in the calves and thighs, and even in the gluteal region in certain cases. The temperature of the affected limb may be lowered and the skin is often colder than that of the opposite side, presenting a blue or discolored appearance. During an attack arterial pulsation is diminished, even imperceptible. Common sensation may be unaffected, but in some cases anaesthesia has been noted. reflex action seems unaffected. The patient when overcome by the severity of the symptoms lies down to rest. There is then a rapid change for the better, so that the majority of the painful symptoms disappear as if by magic. He may be able to resume walking, but this abeyance is of short duration, for in a few minutes there is a return of all the painful symptoms. In cases untreated there is a progress more or less rapid for the worse, until finally gangrene of the limb may set in as the result of the extreme impairment of nutrition. In very many cases treatment is extremely satisfactory, for iodide of sodium or potassium with careful dieting have often completely relieved the patient. In other cases the diagnosis of aneurysm followed by operation has completely relieved the disease.

—These de Paris, 1897.

HAEMATOSPERMIA.

Kroner describes a case of haematospermia, which he considers to be due neither to congestion nor inflammation, but to an alteration in the quality of the blood. A strong man, aged 49, had suffered from eczema many years. Previously to the eczema he had enjoyed good health. In 1895 he noticed blood in his seminal fluid. He had not been subject to haemorrhages of any description before this time, and did not belong to a family of "bleeders." The urine was free from albumen and sugar. There was no history of syphilis or sexual excess. The semen remained bloody, and in the spring of 1896 signs of scurvy appeared, notwithstanding the patient's satisfactory mode of living. In spite of treatment and change of air, repeated haemorrhages followed, the cachexia increased, and death took place about half a year from the commencement of the illness. Other cases of haematospermia occurring in Professor Klemperer's practice are noted by Lichowetzer (Berl. klin. Woch., March 21, 1898). One followed sexual excess in a healthy student, aged 23, and no recurrence took place. The other case was that of a chemist, aged 29; it occurred on sexual intercourse after two years' abstinence. Both these cases seemed to be purely congestive in origin. Other cases are of distinct inflammatory origin, and follow gonorrhoeal epididymitis. In a young man with peritonitic symptoms discharges of bloody semen occurred several times. This patient recovered, but with complete azoospermia. Many cases of haematospermia are mentioned in French medical literature.

-Berl. klin. Woch., March 28, 1898.

ALCOHOL AND INFANTILE. CONVULSIONS.

Meunier describes a case of infantile convulsions. The patient was a child five weeks old, whose parents were both perfecely healthy, there being one child older. A wet nurse had been engaged, who was to all appearance quite healthy. The most careful examination failed to reveal any of the ordinary causes of infantile convulsions. There was no elevation of temperature nor abnormal disorder. The attack began with anuria, lasting for a whole day. It was only as the result of most careful investigation, and after changing the nurse, that the discovery was made that the first nurse engaged was in the habit of consuming about two litres of wine daily. The writer lays down the following observation in connection with this case and others, that alcoholism on the part of the nurse is a competent cause of convulsions in a breast-fed child; that such convulsions are preceded by nervous irritability, general hyperaesthesia, but without gastro-intestinal derangement, elevation of temperature, or pulmonary complication. They are apt to appear in extremely well-nourished children. As regards the fits, they show marked tendency to increase in number and severity. In some instances there may be anuria. Under such circumstances it is necessary to inquire carefully into the habits of the nurse, and to make a change as early as possible.

Journ. de Med., April 25, 1898.

HAEMATURIA CONSECUTIVE TO MOUNTAIN SICKNESS.

Luzzatt reports the case of a man, aged 23, not without some experience in climbing, who ascended some 1500 m. in five hours, and was then seized with mountain sickness. and had finally to descend. The following day it was noticed that the urine was bloody, normal in quantity, no casts. There was no pain in the lumbar region, and the phenomenon disappeared in thirty-six hours under a milk diet; subsequent observation revealed no signs of any

kidney disease. The haematuria did not appear until twenty-four hours after the unusual exertion of climbing, and probably it was not therefore due to unusual exertion alone. but rather to some mechanico-chemical change in conjunction with possible reflex neuroparalysis. The patient had never suffered in a similar way before.

-Gazz. degli Ospedali, May 1, 1898.

TRENDELENBURG'S OPERA-TION FOR VARICOSE VEINS.

Cumston Trendelenregards burg's operation as the ideal method of treating varicose veins of the lower extremity associated with extensive ulceration. Trendelenburg found by experiments that the veins of the leg, after they had been temporarily emptied by elevation of the limb and compression of the trunk of the saphenous vein, are refilled slowly by the return blood coming from the arteries, and instantly by a blood wave coming from above downwards. The conclusion that the veins in the leg are distended by great central pressure led this surgeon to advise ligature of the saphenous vein at two points and excision of the vessel between the ligatures. An incision about 4 inches in length is made over the saphenous trunk, beginning just above the union of the lower with the middle third of the thigh. The vein having been exposed is carefully freed with a blunt disector, and all branches going off from the vessel are ligatured. A ligature is then placed on the venous trunk at the upper and another at the lower angle of the skin incision, and the portion of vein between these two ligatures is cut away with scissors. Cumston's experience has led him to the conclusion that Trendelenburg's operation is certainly the greatest advance that has ever been made in the treatment of ectasis of the saphenous vein, and although every case submitted to this treatment has not resulted in a complete cure, it is almost always followed by marked improvement with rapid cicatrisation of the ulcers.

-Annals of Surgery, May, 1898.

METASTATIC CARCINOMA OF CHOROID.

Legrange gives a summary of 18 recorded cases of this affection, and adds a case of his own. A woman, aged 48, had had the left breast removed in 1892 for cancer. In January, 1896, visceral troubles set in, and the right eye became quite blind and painful. In the outer quadrant of the iris a new growth was visible, bossy and sharply defined, and blocking the angle of the anterior chamber. Through the clear lens a complete detachment of the retina could be seen. The eye was excised. Later in the year signs of cancer of the spinal column showed themselves, and the patient died in August. On section of the eye two tumors were found, one in the iris and one in the choroid, the sclerotic and retina not being involved. Microscopically the growth was an alveolar carcinoma. showing haemorrhages in parts. Choroidal carcinoma sometimes invades the optic nerve; involvement of the retina has been noticed only in one case. The left eye is more often affected than the right, for the same reason, probably, that cerebral embolism is more frequent on the left The relative rarity of ocular metastases is explained by the narrow calibre of the ophthalmic artery. and by its being set at an angle of 90 degrees to the internal carotid In the choroid the tumor takes the form of a plaque, whereas sarcoma grows into a mushroom form. Vision is quickly lost, owing to retinal detachment. Both eyes may be affected together, or one soon after the other, or the growth may be limited to one eve. Death supervenes within a year of the ocular me-The primary seat of the tastasis. cancer may be the breast, stomach, or lungs. In the eye the macula is the region first to be involved, there being several distinct foci of growth which soon fused together. Carcinoma of the choroid can be confounded with sarcoma, retinal glioma, angio-sarcoma and angioma of choroid, hyalitis, and metastatic exudative choroiditis; but generally diagnosis is not difficult because of the primary affection.
—Rec. d'Opthal., December, 1897.

TREATMENT OF FIBROIDS BY SECURING UTERINE AR-TERIES.

Gouillaud, also and Hartman Fredet (ibid.) maintain that though oophorectomy for fibroid is out of date, and hysterectomy much in vogue, neverless treatment by the simpler method of cutting of the chief blood supply of the uterus is rational and effective. Hartman and Fredet are not surprised that removal of the ovaries is often ineffective, as it is the uterine and not the ovarian arteries that ought to be secured. Gouilland treated successfully one case by simple forcipressure of the arteries for fortyeight hours. The patient was a parous woman, aged 45, very sickly through free haemorrhages. The fibroid reached several inches above the pubes, but had chiefly developed in the direction of the pelvis. The operation was performed in October, 1894. A circular incision was made around the cervix, as in vaginal hysterectomy. The bladder and the posterior relations of the cervix were not very freely detached, but the lateral dissection was carried up for over two inches on each side to allow of the proper application of a longblade forceps. This was done, it appears, without difficulty on either side, so that the fibroid evidently did not burrow in the broad ligaments. The cut edges of the mucous membrane were sutured anteriorly and posteriorly, the gap on each being left wide enough open to allow a strip of iodoform gauze to placed against the blades of the forceps which were removed in 48 hours. In July, 1896, the patient was examined. The hemorrhages had ceased entirely, and no pelvic pain could be felt. The uterine cavity, which two years earlier measured four and a third inches was now but two and a half in length. Hartmann and Fredet report five cases of ligature of the uterine arteries through a vaginal incision. In order to get at the side of the cervix easily lateral incision is made on each side of the usual circular cut round the cervix, and prolonged for about an inch down the side of the vagina. The cervix is freed for half an inch

by scissors, then the valve of a speculum is pressed against the corresponding side of the vagina. This exposes the uterine pedicle, which is the term given by the authors, not to the broad ligament, but to the band of parametric tissue which accompanies the uterine artery. This "ligament" is denuded, drawn down and tightly ligatured. If it be thick two ligatures should be applied. The silk must be tied very firmly, for experience and the principle well understood in the surgery of aneurism shows that the inner coat of the uterine artery must be divided by the pressure of the ligature, else the desired occlusion may not be effected. The cervix, directly the second uterine pedicle is secured, becomes in most cases very pale. The ligatures are cut short and the entire wound closed, after antiseptic washing, with catgut sutures. The vagina is packed with iodoform gauze. In four of the five cases the curette was used before the operation was performed, and in two small cervical polypi were twisted off. All five cases under Hartmann and Fredet have done well. Out of 40 performed after the above method by others no death occurred.

-Ann. de Gynec. et d'Obstet., April, '98.

SEQUELAE OF OPERATION FOR RUPTURED TUBAL CYST.

Stankiewicz operated in a typical case of ruptured tubal gestation cyst. The patient was 30, and had been pregnant five times before, aborting twice. She was last delivered, normally, only five months before symptoms of acute anemia set in, the new pregnancy having advanced to the fifth week. Stankiewicz first performed transfusion with salt solution before the anesthetic (ether) was given. The operation was successfully performed; chorionic villi were found in the tubal cyst. The anemia proved dangerous, yet the patient did well till the third week, when convalescence was retarded by an attack of parametritis around the pedicle. This abated. Four months later the patient fell out of a cart. The exudation recurred, with rise of Fluctuation was at temperature.

last detected, and an incision was made in the posterior fornix, the cavity thus laid open being drained. The patient at length recovered.

-Gazeta Lekarsko, 1897, No. 39.

APPENDICITIS AND PREGNANCY.

Pinard records a case which throws light on this subject, to which attention was first drawn by Munde five years ago. Pinard likewise furnishes two valuable tables of cases which did (30) and which did not (15) undergo operation for inflamed appendix during pregnancy. His own patient was a primipara, aged 25. At the sixth month she was seized when walking with the characteristic acute pains in the abdomen, most marked in the right iliac fossa; severe vomiting and tympanitic distension followed. At the end of five days she was very ill; general peritonitis had clearly set in. The fetal heart was still audible. Segond operated, first making the usual incision for reaching the appendix. On opening the peritoneum a quantity of fetid pus escaped, the right appendages literally swam in it. As it was clear that the pus extended to the other side an incision was made above the left groin, and the left tube and ovary were found swimming in pus. A double-barreled drain was passed through each wound, so that their ends met in Douglas' pouch; then the peritoneum was well washed out with hot water. The pus had come from a large retrocecal space. The operation lasted 20 minutes. Abortion occurred the following night, and the patient died a few hours later. The appendix was found to be perforated in two places. The maternal tissues were not examined for microbes, but Wallich obtained pure coli-bacillus cultures from the blood in one of the vessels in the umbilical cord. inflamed appendix, as Munde has shown, requires speedier surgical relief in pregnancy than under other conditions, and the fact of pregnancy must in no other sense influence the In other words, it is operator. wrong to provoke abortion or induce premature labor. There is a focus of

infection especially dangerous in pregnancy, therefore it must be removed.

-Ann. de Gynec., May, 1898.

THE TREATMENT OF SUPPURATION BY BICARBONATE OF SODA.

Brucker has made a study of a fact observed by him, namely, the influence of the reaction of the blood in the healing of certain conditions. Bearing in mind that the normal alkalinity of the blood shows important variations according to sex, age and as to whether the blood is arterial or venous in origin, and the diet to which the patient has been addicted, so in certain pathological conditions these variations are very marked, and a reduction in the normal alkalinity is observed in certain cases of febrile reaction due to bacterial intoxication. It has been found that certain artificial intoxications can be combatted by raising the alkalinity of the blood by the injection of alkaline serum. Going on these grounds, Brucker has principally investigated the influence of alkaline dressings in the treatment of local inflammatory affections, and according to his observations such a dressing, whether moist or dry, very rapidly reduces the inflammation, suppurative or otherwise, and causes rapid healing of wounds. This seems independent of any antiseptic property in the proper sense of the word. The method employed by him is to apply the dressing of absorbent wool on ordinary principles, using merely a 2 per cent. solution of bicarbonate of soda, or in some cases vaseline and bicarbonate (1 in 25), or the soda may be applied directly in the form of a powder. He finds that strong solutions do not act more quickly than a 2 per cent., showing that the chief agent is the alkali, and not any antiseptic principle. The method may be applied for purulent otitis, etc.

-These de Bordeaux.

TREATMENT OF TINEA TON-SURANS.

Herman B. Sheffield about a year and a half ago described in the Americon Medico-Surgical Bulletin, Sep-

tember 5, 1896, a method of treatment which cured every case of ringworm of the scalp under his care in from three to six weeks. He succeeded in eradicating an epidemic of tinea tonsurans consisting of 379 cases at the Hebrew Sheltering Guardian Society Orphan Asylum. Later more than 80 new cases came under the writer's care, and every one of them yielded promptly to the same treatment. The same success was obtained by Dr. Spalding, visiting physician to the Juvenile Asylum, of New York, who cured over 40 stubborn cases within three weeks. Dr. Moreau Morris, inspector of the New York Board of Health, has also witnessed successful results from this method of treatment in various institutions of New York. The following is the formula of the remedy:

the scalp this mixture is applied over the entire scalp—more thickly over the affected spots—by means of a painter's brush, once a day for five successive days. On the sixth day it is wiped off with a rag dipped in plain olive oil; now the hair is clipped again and the scalp washed thoroughly but gently with green soap and a soft nail brush, care being taken that all the scales and loose hair covering the scalp are removed. No epilation is, as a rule, necessary. On the seventh day the mixture is reapplied as thickly as before, and the whole process is repeated regularly for three or four successive weeks, the length of time depending upon the severity of the case, when it is found that new hair begins to appear, and that no trichophyton fungi can be discovered in the hair epilated for microscopical examination. These procedures are followed by a few days' application of a 10 per cent. sulphur ointment, and then by the use of the following preparation for about two weeks:

This mixture considerably hastens

the growth of the hair on the bald spots. In cases where isolation is impracticable or impossible, as often happens in private families, this resorcin mixture serves as an excellent substitute.

-New York Medical Journal, May 14.

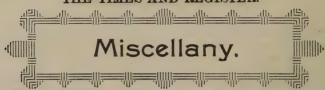
HOLOCAINE AS A LOCAL ANESTHETIC IN OPTHALMOLOGY.

Zunz considers that holocaine is preferable as a local anesthetic to It closely recocaine or eucaine. sembles phenacetine. It is a powerful base, insoluble in cold water, but easily soluble in alcohol and ether. A saturated solution of the hydrochlorate contains 2.5 per cent. of the salt, which is the one to be employed. It is itself an antiseptic, and therefore does not need sterilization, although it does not undergo decomposition on boiling. A 0.1 per cent. solution causes complete anesthesia in the rabbit after 20 seconds, which lasts from 12 to 15 minutes, and is due to a direct paralysis of the terminations of the sensory nerves. It is more toxic than cocaine, and resembles strychnine in its toxic effect. Death is due to stoppage of respiration from spasm of the respiratory It has no effect on the pupil or on accommodation or on the vessels. The anesthesia is more prompt and not less profound than that due to cocaine. Its instillation is always accompanied by a slight sensation of burning, but this quickly ceases, and is not more unpleasant

than that produced by cocaine. Complete analgesia in man occurs 40 or 50 seconds after the instillation of one or two drops of a 1 per cent. solution, and if the dose is repeated after an interval of 40 seconds absolute corneal anesthesia supervenes half a minute later. Coincidently with the burning sensation there occurs slight redness of the conjunctiva, but the burning ceases at the end of 30 or 40 seconds, and the redness disappears at the end of two minutes. With a 0.5 per cent. solution the anesthesia lasts five to eight minutes, with a 1.0 per cent. solution it lasts 10 minutes, and the analgesia persists for five minutes after the return of tactile sensibility. If the anterior chamber of the eye is opened it acts quickly on the iris and ciliary body as on the cornea. Unlike cocaine it does not affect the intraocular tension, or cause exfoliation of the corneal epithelium, or produce effects due to stimulation of the sympathetic nerve terminations. such as widening the ocular aperture. pallor of the conjunctiva, or proptosis. It thus acts as well and more rapidly with smaller doses than cocaine, without its inconvenient effects, and, unlike eucaine, it does not cause any congestion of the tissues to which it is applied. Its one defect is its toxicity, but up to the present time there has not been a single case of poisoning recorded consequent on its use in ophthalmology.

-Journ. Med. de Bruxelles, May 19.





WAYSIDE NOTES.

BY EARNEST B. SANGREE, M. D., Munich, Bavaria.

I wonder whether Dean Swift ever made a trip to Germany? Sometimes I think he must have done so before writing Gulliver's trip to the island of Laputa. If ever there was a nation of people like those over whom the king of the Laputa reigned, it is the Germans. There never was a more scientific nation, yet their lack of practicalness often makes me wonder and sometimes laugh. You will remember that when the tailors of the very scientific Laputa measured Gulliver for a suit of clothes they stood off at a considerable distance and took his attitude with a quadrant and other measurements by means of certain other mathematical instruments, yet said Gulliver when the suit was brought to him it fit villainously bad, because some mistake had been made in working out the calculation. They have good cloth here in Germany, but mostly poor clothes. They often fit something like the traditional "shirt on a beanpole." A favorite cut for men's trousers is very wide at the hip and tapering down to a narrow tube at the ankle. And the hats! One sees at every turn a great big German man with a tiny hat on top of his head, looking like a 10 cent piece on a pumpkin.

I was amused to see lately that German shoe manufacturers were trying to discourage American shoe importation by advertising American shoes were poorly made, bad looking and not so comfortable as those of German make. Anyone who has ever been here knows that for general shapelessness the German shoe "takes the cake," and the experienced traveler brings enough along to last the trip. Severel years ago I remember seeing three Detroit young ladies charged duty at Bremen on half a dozen pairs of shoes they had brought with them. Thinking they were trying to smuggle the customs officers tore their trunks to

pieces in the hunt for more shoes. The girls were wild. The favorite shape of toe here is what I might call the cigar toe, each side of the shoe being brought with mathematical accuracy by the same curve to a blunt point. They are now affecting low heels, but two years since I saw on a German ship sailors with high French heels on their cowhide The women in Munich this summer are wearing a peculiarly shapeless, big, tan-colored, wide and low-heeled shoe that wrinkles up and down the ankles and makes their feet look like a hod carrier's.

But of all the strange sights in the way of attire that presented by the glasses worn is the strangest. spectacles are worn, and these are as coarsely made and awkwardly adjusted as can be imagined. glasses are generally affected, regardless of whether the wearer's nose is suited to them or not, and the eyeglasses are of the kind that we saw 15 years ago on the aquiline noses of men of 50 or 60.

The frames are of black hard rubber and the nose-piece is on the same To see some plane as the frame. snub-nosed student or servant maid trying to keep on a pair of these ugly looking affairs is very funny. Usually the lenses are sitting at any sort of an angle to the line of vision, but the proper one, and three times out of four are decentered as well. What is the use of measuring with scientific accuracy the defect in vision and then allowing the patient to decentered and tip-tilted lenses? Any oculist knows that the refraction of the lenses is very materially altered.

A few days since I saw the acme of the ridiculous in this respect in the person of a little girl of about 6 years, walking in the park and trying to keep on her flat little nose a big pair of these hard rubber-rimmed eyeglasses. An optician in Philadelphia who would supply such glasses as I see here to his customers would have a "To rent" sign out at the beginning of the second month.

HEALING SPRINGS, VA.
BY JOSEPH R. CLAUSEN, A. M.,
M. D.

It has been our privilege to make several trips to Hot Springs, Va., on the line of the Chesapeake & Ohio Railroad, and to sojourn amid the pine-clad mountains of this most delightful health resort.

It was here we made the acquaintance of Mr. A. M. Stimson, then the capable manager of the palatial bath house at that place, but now the manager of the Virginia Hot Springs Company, at Healing Springs, a few

miles further to the north.

Satisfied that any resort under his management must be a desirable place to stop, and already impressed with the curative qualities of the now world-famed waters of the Healing Springs, we made it our stopping place for a few weeks in June.

It gave us an opportunity to study personally the effect of the waters in the treatment of nervous diseases and those arising from an impoverished condition of the blood.

Our trip over the Chesapeake & Ohio road to Hot Springs, from which point you take the stage to Healing Springs, was itself a most delightful one, and our first impressions on arriving at Healing Springs were of a most pleasant character.

The hotel we found to be a typical Southern mansion, only two stories in height, but most spacious in its proportions. It is surrounded on all sides by only such verandahs as one finds south of Mason and Dixon's The grounds, which are far extending on every side, are beautifully laid out and traversed in every direction by well-kept and shady walks. The beauty of the surrounding scenery is something that bare words cannot describe. Verdure-clad mountains surround you on every side, broken here and there by minature valleys, jutting rocks and glistening cascades. Magnificent roads give one access to every vantage point from which this panorama of natural beauty may be viewed, and from each in turn you vow the scene spread before you is more beautiful than the last.

The opportunities for thus drinking in all the beauties of the Hot

Springs Valley are greatly augmented by the perfect livery service which forms a part of the hotel equipment.

It is under the management of Mr. G. H. Chaplin, a gentleman of wide experience in this line of work, and who unites with a perfect knowledge of his business those gentlemanly qualities that constantly find expression in anticipating and trying to supply the needs of others.

The hotel itself is a veritable haven of rest. It has been supplied with every modern convenience, which combined with its original plan of construction—so suited to a Southern climate—make it an ideal place alike for the invalid and idler

The management and cuisine are perfect, a perfection that covers every detail. In saying this we have paid the highest possible tribute to the ability of the manager of this model hostelry, our friend, Mr. Stimson, and with him we wish to associate the genial clerk of the hotel, Mr. C. S. Criser, who meets the arduous and often trying duties of his position with an affability that is never ruffled, while he is always mindful of the comfort and thoughtful for the entertainment of the guests.

My observations relative to the curative effects of the waters were most interesting and most convincing. Cases of partial paralysis showed marked improvement in less than two weeks. Patients under treatment for other nervous affections told us that they had been benefited beyond their most sanguine expectations, while others told us of cures almost marvelous. Many we found had come to be treated for various forms of rheumatism and gout, and all alike testified to the curative value of the waters. One case of inflammatory rheumatism came particularly under our observation.

The sufferer arrived at the springs the day following our own arrival and was indeed a pitiable sight, helpless and showing the effects of long-continued suffering. In less than two weeks she was able to move about with but little help, and she assured us with but little suffering.

We found the waters equally effective in the treatment of eczema, kidney and bladder troubles and all nervous complaints, notably insomnia.

In a later article we will enter more fully into the treatment pursued at the springs and the forms of disease treated. Now we will content ourselves by saying simply: If you are in search of an ideal health resort, one easy of access and that will meet all the requirements of the most exacting, go to Healing Springs, Virginia.

PATENT RIGHTS.

We direct your attention to the decree, entered May 14, 1898, of the Court of Common Pleas No. 1, of Philadelphia County, in the case of Leopold Wallach and Moritz Wallach, trading as Martin Wallach, Nachfolger, and George P. Pilling and Charles J. Pilling, trading as George P. Pilling & Son, vs. William H. Wigmore, March term, 1898, No. 460, viz.:

"1. That the plaintiffs, Leopold Wallach and Moritz Wallach, trading as Martin Wallach, Nachfolger, and their licensees, George P. Pilling and Charles J. Pilling, trading as George P. Pilling & Son, have as against the defendant a trademark in and an exclusive right to use the name, 'Phonendoscope' as indicating

the instrument manufactured by them for assisting the ear in determining the various sounds of the human body and more particularly in connection with such instruments made under letters patent of the United States, No. 575,320.

"2. That the use of the word 'Phonetoscope' by the defendant to indicate the stethoscope manufactured by him is an infringement of the rights of the plaintiffs to the exclusive use of the word 'Phonendoscope' to designate the article made by

them above described.

"3. That a writ of injunction issue forthwith out of and under the seal of this honorable Court, directed to William H. Wigmore, the said defendant, perpetually restraining him, his agents, grantees or licensees from selling or offering for sale the stethoscope manufactured by him or any other article of similar kind under the name of 'Phonetoscope' or any other colorable imitation of the word 'Phonendoscope.'"

All dealers are notified that the firm of George P. Pilling & Son has the exclusive right to the use of the trademark, "Phonendoscope" in the United States, and that any person selling goods manufactured by others under that name or any colorable imitation thereof will be held

responsible in damages.

GEORGE P. PILLING & SON.



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THAT YELLOW STREAK.

By JOS: R. CLAUSEN, A. M. M. D., Philadelphia, Pa.

Read before the Publishers' Association at Denver, Col.

The present "unpleasantness" with a foreign nation has served to call special attention to a by no means recent abuse of the privileges of the press, now generally recognized under the name of "yellow journalism."

The opportunities which the existing condition of affairs has afforded publishers of yellow journals to air their chrome-tinted proclivities have been taken advantage of to such an extent as to disgust a thinking and discriminating public, and the result has been a condemnation of their practices as universal as it is emphatic.

In this general condemnation, medical journals have not shared, simply because the general public has not yet learned that, in their limited sphere, many of them make statements as misleading, as exaggerated as prejudiced, and as prejudicial as any made by the most "enterprising" of cosmopolitan dailies.

We know that this is a startling assertion, and are prepared for a storm of dissent; but, the artificial veneer of professional ethics once removed, and an honest scrutiny begun, there will be found ample foundation for it.

Take the average medical journal of the day, and carefully look over its pages. Rescue from between the long, wrody papers on every conceivable phase of medical treatment, the few contain. Then take this meagre collection and carefully analyze it, and in nine cases out of ten, you will find that the only apparent excuse for publishing it is found in its sensational character.

That yellow streak runs through it

from end to end. The current medical news of the day is conspicuous only by its absence, and its influence would be entirely lost to the profession, (that is so far as the journals are concerned), were it not for the papers already referred to, where they get its reflex only after it has received the stamp of another's interpretation of it, and in many cases this interpretation is

vellow in the extreme. This lack of legitimate medical news is the great fault of the medical press of to-day, and makes the yellow tendency all the more dangerous, when as in the case of the yellowest of the daily journals, yellow specials are given altogether with the current news from legitimate sources, the public are enabled to draw their own conclusions, and, guided by common sense, discount such statements as seem improbable or conflict with the general news elsewhere given, but without this environment as a proper guide to proper conclusions, the danger of going astray in their formation greatly increased.

It will thus be seen that the sins

of the medical press are both those of omission and commission. they do not end with treatment of news. Would that they did. various professional reasons indorsement is given to theories or preparations which the editor must know are of questionable value, or not as yet out of the realm of the dangerously experimental. An eminent medical authority has said that "medical journals must not be taken too seriously," and we fear that he has good grounds for his, by no means, flattering opinion. Pet theories are ventilated and unqualifiedly indorsed that have not yet even received favorable consideration from the conservative thinking minds of the profession, while, on the other hand, theories, treatment and preparations have had their origin outside pale of professional circumspection and known to be meritorious are censoriously condemned or studiously omitted from columns teeming with high-sounding puffs of preparations far less worthy of mention, and surely not worthy of indorsement.

Conservatism is to be encouraged, but ostracism calls for nothing but condemnation. This is an age of common sense, and the pigmy that undertakes to build fences to obstruct the onward march of progessive thought will find not only them swept away but himself lost in the

debris.

The daily journal that would suppress on its news pages, news at variance with its opinions as expressed on the editorial page, or that would exclude from its columns the opinions of men of recognized ability, simply because they differed from those held by the paper in question would soon cease to exist.

The paper that publishes the news of the day alike without fear, favor or censorship, and whose editorial utterances are not at variance with well-established facts, is the paper that deserves and secures success.

It is to this high standard that all medical journals should aspire. It is facts, not highly opinionated theory, that the profession, as well as the public want.

It behooves us, then, to exercise a strict censorship over opinion, and

let only such find expression in our columns as has a firm foundation on fact, while all censorship should be removed from well authenticated news.

We repeat that the impartial publication of medical news is the need of the hour. The profession and humanity alike demand it, and there is enough of it, if properly sought after, to fill our columns without recourse to fiction, fancy or sensationalism.

The mission of the medical press is largely educational in its character, and we must all admit there is no teacher like experience. Of far more value, then, to our constituents are the conclusions drawn from the everyday experience of men eminent in their profession, than the most brilliantly sensational article on a medical or surgical possibility, never likely to enter the realm of the probable. The one will be of practical value to the general practitioner in his life work; the other will simply interest him for the moment.

Another yellow streak, that far too frequently colors editorial utterance, has about it the glitter of gold. often explains what would otherwise be inexplicable. Columns given to fulsome praise of this or that article or mendicant, the length and force of which are evidently out of all proportion to the importance of the matter treated of, somewhat puzzle the conservative reader until a glance through the advertising pages reveals the cause. We do not wish to be construed as condemning favorable notice of meritorious preparations, for to do so, we believe is a duty we owe both to the profession and to those who, by labor and study, have contributed something to medical resources. But we urge that on merit only shall they be indorsed, and not by reason of the advertising contract in sight.

In short, we urge that the time has come for medical journalism to rise to the full height of its possibilities—to make the medical journal of today a broad tread, progressive, impartial and fearless medical newspaper, in which facts are boldly set forth, in black and white, unstained

by—that yellow streak.

WHAT CLASS OF INJURIES TO THE HUMAN BODY DEPENDENT ON VIOLENCE ARE CAUSED BY ALCOHOLIC EXCESSES.

BY THOMAS H. MANLEY, M. D., New York.

Professor of Surgery at the New York School of Clinical Medicine, Consulting Surgeon to Columbus Hospital, to Fordham Hospital, Yonkers Hospital for the Aged, Staten Island Hospital and Yorkville Infirmary for Women.

Anyone who has had a surgical service in a general hospital well knows that among adults a considerable proportion of the cases coming under his care, of a grave traumatic character, are either immediately or remotely the result of that curse of mankind, the excessive indulgence in alcoholics.

In order that we may the better appreciate how the lethal effects of alcohol operates in these cases it becomes necessary that we should first understand what the pathological action of this chemical is.

MODE OF ACTION ON THE CERE-BRO-SPINAL SYSTEM, ON THE BRAIN AND SPINE.

Alcohol in large or repeated doses simultaneously acts on the brain and spinal cord, with varying intensity and manifestations in different individuals, and in the same individual, under various circumstances.

EFFECTS ON THE BRAIN.

Its most constant and unvarying property is to weaken the will power and the faculty of reflection and judgment. Loss of control of impulse and perversion of the reasoning faculties are always among the more dominant features of alcoholic intoxication. Carried to an extreme degree the unbridled frenzy of passion is set loose, reason is dethroned and the man or woman is an irresponsible maniac.

EFFECTS ON THE SPINAL NERVES AND NERVES OF SPECIAL SENSE.

Alcoholic libations carried to the point of inebriation act with great energy on the nerves of special sense

and the spinal.

Vision is dimmed, hearing is obtunded, anesthesia sets in, the reflexes are palsied and ataxia of the voluntary muscles is always present when full inebriation is reached. Finally when very large quantities of intoxicants are imbibed ataxia, or want of muscular control is succeeded by the unconscious state and paralysis.

From the foregoing, very brief and incomplete account of the toxic and paralyzing action of alcohol on those central ganglia which preside over all the mental actions of man and on the nerves which animate function and vitalize muscular action it becomes at once evident that the category of accidents and of physical injuries, trivial, severe or mortal, sustained or inflicted under alcoholic passion, paresis or paralysis, must indeed, be of diverse and colossal proportions.

Sundays and holidays provide the hospitals with a large crop of surgical cases, the primary etiology or cause of which is alcoholic imbibition.

Murderous wounds, as stab, gunshot and concussive, are inflicted under the frenzy of alcoholic excitement; fractured skulls, dislocated joints, broken bones, bruises or lacerations of the soft parts occur from the same cause, or from loss of or imperfect control of

⁽Read before International Temperance Congress, at Prohibition Pyrk, Staten Island, N. Y., medical session of the American Medical Temperance Association.)

the muscles. Probably if the full truth were known the immoderate use of alcohol is responsible for the greater number of serious collisions of the trolley car, the bicycle or vehicle, especially on Sundays and holidays.

In my own experience, in an active surgical service in hospitals, I am satisfied that alcohol is responsible for the great preponderance of grave surgical cases on the non-working

days of the year.

With a man's faculties blunted and his powers of locomotion but imperfectly under control he is oblivious of danger, and when it is impending is not always able to escape it, and therefore we marvel, not why there are so many accidents, but why there are so few.

Alcohol augments the mortuary list in extremes of climate or season. In the summer a large number of the most serious cases of insolation ensue through over indulgence in alco-

holic beverages.

As the fierce rays of the sun beat down on the unfortunate victim he becomes conscious of a sense of oppression, when he resorts to a "bracer," probably in our time and country to cool lager, ale, or some of the fabricated "cocktails." A temporary sense of exhilaration follows, the libation is repeated again and again, until the lethal action of the stimulant and the intensifying effects of coloric overwhelm him. Perchance the victim may drag himself to his home or into some byway before he sinks into unconsciousness.

The resources of art can do but little for these cases, because the medical attendant is confronted by a mixed pathological state; the coloric fever may be readily reduced, but the system is surcharged with a poison which we may not be able to

eliminate.

Many of the worst falls and frostbites in winter result from the alcoholic state. One drinks and drinks of pungent stimulants "to keep warm," as is said, or rather to benumb the sensory nerves; but the depressing influence of the freezing blast is in no manner mitigated, and alas! should the unfortunate in his stupid state, step aside to some sheltered place the sleep of death may set in to close the scene. In less grave cases the anesthetic action of alcohol so obtrudes sensation that while the free drinker enjoys a most grateful sense of comfort, his hands or feet may be frozen stiff.

THE EXCESSES OF ALCOHOLICS AND PATHOLOGIC SURGERY.

Excesses in alcoholics lead to the necessity of surgical intervention only through their influence on the nerve centres, deranging the mind and inhibiting or enfeebling nerve conduction; never by any specific or local action on an organ or structure.

This has long been noted, although everyone knows, that confirmed drinkers are bad subjects for surgical operations, as shock, collapse or delirium follows with them, in a far greater ratio than in the temperate or total abstainer.

In forensic medicine the influence of alcoholic excesses is given extensive study. That phase of it which deals with traumatisms or injuries is of special concern to the surgeon or practitioner, because in so many instances his testimony is often mainly depended on, when the question of responsibility or irresponsibility is raised. A man is found on the sidewalk or roadside with a fractured skull in an unconscious state; one has sustained a fatal stab wound, has been crushed by the street cars or has committed a homicide or attempted suicide. In these and many other similar cases the proof of the presence or absence of alcoholism is often of the greatest importance. Epecially is this so, since the confirmed alcoholic habit has come to be regarded by many of our most eminent alienists as a disease which renders the afflicted as irresponsible agents. This view of late years is coming to be recognized and shared by the Courts, who regard a homicide acting under alcoholic influence as temporarily, non compos mentis.

THE APPLICATION OF TREAT-MENT IN THE INEBRIATE STATE.

The question arises, should we ever, while one is grossly intoxicated, take advantage of the anesthetic state to manipulate parts carefully, with a view of clarifying diagnosis, or even perform a surgical operation?

For the former, certainly, but the latter in some instances is doubtful.

While one is intoxicated dislocations may be reduced or fractured bones set, but if a limb is so mangled that the question of amputation is raised we have no right to proceed and sever the limb until reason is restored and consent is given.

THE RECOGNITION OF THE INEBRIATE STATE IN THE INJURED.

The above aspect of the alcoholic question is one of important consideration in many medico-legal cases. Our late lamented confrere, the distinguished New Jersey surgeon, Dr. Isaac N. Quimby, came to his death through the severe strain and exposure incurred while defending himself against the extortionate claim of a tenant who sustained an injury on his premises, while, it was alleged, she was in an intoxicated state.

These civil actions in our time of popular government and a political judiciary for every conceivable sort of an injury, imaginary or real, are becoming so common and so oppressive that the owners of property are in constant peril of having their small inheritance or perchance the earnings of a lifetime swept away by a single suit for damages.

Was the plaintiff intoxicated at the time of injury, was it then through contributory negligence, and if so, death resulting, what role, if any, did the alcoholic state play as a factor in causing it, through its oper-

ations on the system?

These questions are often very difficult to answer; indeed, although under many circumstances we may gain much valuable knowledge by a proper investigation and a critical examination of the injured. Caution must be observed, however, that in our connection with the case an error may not be committed and an injustice imposed.

For example, it is a very general custom with the laity, when one suffers from syncope or shock, from any cause whatever, to at once admin-

ister alcoholics with an unstinted hand.

Hence, should one have lost much blood or be very young, a comparatively small quantity of liquor may produce marked intoxication.

It is my experience in hospitals, that there were few patients admitted with fractures of the limbs who had not been given alcoholics before they were sent in. But in these, it is not exceptional to observe positive symptoms of intoxication, unless there was evidence of free drinking before injury.

But in quite a few of them injured, when we see them early, they are boisterous, hilarious or unmanageable and present other indubitable evidence of pre-traumatic intoxica-

tion

If we are in doubt, then, we should note the odor of the breath, the state of the pupils, the condition of the reflexes; besides, if the patient be in a conscious state, press for accurate information from himself if possible.

My own experience has been that when one has been injured in the sober state if we interrogate he will explain how it occurred without difficulty. The drunken man may tell us he has been drinking, but how he was injured is often a blank to him and he can throw no light on it.

THE EFFECTS OF ALCOHOLIC EXCESSES ON REPARATIVE PROCESSES AFTER INJURIES.

Hard drinkers rally badly from deep shock. They are prone to delirium tremens after severe operations and injuries, and are very much more liable to septic infection after lesion of the soft parts through the deteriorated state of the blood and

tendency to diabetes.

Complications with them, as pneumonia, nephritis and diarrhea, are common. Their tissues are more vulnerable; congestion tends to run into inflammation; this spreads into heterogenous structures, often running a chronic course. These cases are characterized by a malnutrition or defective tissue metabolism, imperfect assimilation and defective elimination, all of which makes an impression on the integrity of the machinery of man when subjected to any violent shock or disorganization.

IMPORTANT TO WHEELMEN.

HOW TO AVOID OVERTAXING THE NERVE POWER.

BY F. H. GRIFFIN, M. D., Germantown, Pa.

In the history of the world, as far as competent and trustworthy knowledge goes, never at any time nor under any stress of adverse circumstances has the demand made upon the great nerve centres of the human body been taxed to its utmost limit as it is at this closing era of the present century.

In consequence there comes a greatly increased demand for something which will obviate the strain and give to these overtaxed nerves not only relief, but a nerve food.

What classes of men stand in need

of such nerve restorative?

First of all the bicyclist, who, after a days' ride, awakes the next morning with a feeling of fatigue; in many wheelmen this finally becomes absolute nerve exhaustion of a chronic form. When this feeling first comes on upon arising from bed in the morning but little attention, if any, is paid to the matter, because after an hour or so it apparently passes off.

These first warnings are a most urgent demand made by the nerves for a support they are not getting from the every-day food. That vital energy which enables man to withstand great fatigue is energy that has been stored, and when that surplus energy becomes exhausted the great nerve centres and brain are overwrought and the peculiar form of fatigue spoken of appears. This symptom is experienced by nine out of every ten wheelmen.

There are many other forms of exhaustion from mental strain, nursing the sick, sedentary habits or close confinement in ill ventilated apartments, dissipation, excesses,

etc., but it is not my intention to discuss these several points at present, for, being a wheelman myself, I am writing this article exclusively for them and for their benefit.

No athlete of note to-day trains without undergoing a scientific treatment for the nerves. I have personally had under my medical care many of this class of men, and noted ones at that. These embraced wheelmen, sprinters, boxers, etc.

Our fathers, who built up the land, never knew the tremendous rush of competition on every single line by which bread is to be earned and wealth accumulated that is known in our day. The word "hustle" covers it all, and that word means that men are now "burning the candle at both ends."

In athletics of all sorts is this markedly the case; men are not breaking records because they are better men than their forefathers were; but where the forefathers lived abstemiously and took only a poor sort of training the athletes of to-day, if of any note, call into requisition every aid that science and medicine can give them.

Finally as to my recommendations to such as I have described:

I use the single hypophosphites, prepared as separate syrups, chemically pure, made by Robert W. Gardner, pharmaceutical chemist, New York.

I have found no other preparations of the hypophosphites which produce the same beneficial results. Most preparations of these salts are unscientific compounds of impure hypophosphites, in which the several constituents antagonize each other, while their impure condition prevents their favorable action.

The two particular preparations used in these cases are Gardner's Syrup of Chemically Pure Hypophosphite of Soda and Gardner's Syrup of Chemically Pure Hypophosphite of Lime. These only, taken twice or thrice a day after meals in doses of one teaspoonful.

Circumstances determine which of these two preparations should be used. Generally speaking I use the soda in preference, but in cases where the bony structure of the body is obviously defective, as shown by soft or decayed teeth, I employ the

lime preparation.

Remember, the ordinary commercial hypophosphites, as sold by druggists generally, or put up by manufacturing houses, will not afford you the promised relief. I have proven this fact in my own experience and am therefore so particular in my specifications.

These two preparations supply the system with a biological element (oxidizable phosphorus) which has been wasted by over exertion, which supplies the nervous system with its normal energy, and in the best possible form to be absorbed and transformed into new nerve tissue and nerve force, and contributes enduring power to the nerve tracts throughout the entire body.







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MEDICAL ETHICS AND THE ARMY.

We fear from the information coming to us from different quarters that serious trouble may arise in consequence of difficulties impending in the medical department of the army from ethical friction between the various sects in medicine.

We have noted that the President has taken the high ground that there shall be no discrimination against homeopathic practitioners or eclectics. There should be none, provided sectarians drop their distinctive epithets and pass the examination required of all candidates. We notice the following in the New York World of the imbroglio in New Jersey:

DOCTOR'S FIGHT DELAYS MUSTER.

Allopaths Threaten to Expel Physicians Who Sit on the Examining Board with Homeopaths

Asbury Park, N. J., July 2.—The biggest kind of a fight has broken out at Sea Girt between the allopaths and the homeopaths. It has extended to Camp Voorhees and broken up the Medical Board; it has postponed the muster of the new regi-

ment of volunteers indefinitely and has driven Governor Voorhees to the verge of distraction. If the allopaths carry out their threats Dr. David L. Wallace, of Newark, and Dr. N. W. Voorhees, the Governer's brother, will be expelled from the State Medical Society if they sit professionally in the same Board with Dr. David L. Decker, of Paterson, who is a homeopath.

This morning the Governor received a telephone message from Dr. Voorhees, who said the president of the New Jersey State Medical Society had warned him that to recognize a homeopath professionally was unprofessional, and that if he served with Dr. Decker he was liable to be expelled from the society.

The complication will necessitate the appointment of a new Board of Medical Examiners and delay the muster of the new regiment for several days.

"Just think of the patriotism of a profession that would boycott a Governor because he recognized a kindred profession, which is recognized by the same law that authorizes this State President to practice medicine in New Jersey," said the Governor "It is narrow-minded bigotry.

"At the present moment I have stopped to take breath and find out where I am. It is not fair to those physicians who kindly consented to act on this Board that they should even incur the risk of professional criticism from their fellow members, and for that reason I will think the matter over."

But we don't see any way out of the difficulty, except for the Governor to proceed and reorganize the

Examining Board.

We are now on the threshold of what promises to be a bloody conflict, a thousand of the dead and mutilated now lie under the sweltering heat of a tropical climate; prompt and decisive succor must be forthcoming.

There is no room for the trillionth

dilution and infinitesimal trituration theories; no doubt excellent things, in their way for teething infants and hysterical women.

An opportunity has come to test to their utmost the latest bounties of science, the discoveries of Lester, Pasteur, Morton, Horsley, of our own illustrious Senn, Sternburg and others. The illusory theories of an insane enthusiast must be swept aside that rational and effective relief be administered. The President of the United States, impartial and exalted as his position is, must not for an instant, be permitted to attempt to coerce the Surgeon General and his staff; much better, regardless of the consequences in the interest of honor, science and principle that one and all throw up their T. Ĥ. M. commissions.

PROGRESSIVE MEDICAL JOURNALISM.

We take much pleasure in congratulating our confrere, Dr. Emory Lamphear, on the most extraordinary success of the American Journal of Surgery and Gynecology, which is by all odds the most valuable monthly medical publication in America, or elsewhere; and what is more, in these times of money scarcity it is the cheapest.

Its editorial supervision bespeaks vigilance, earnestness and independence, and on the whole the Journal displays what we should expect from its distinguished editor, who is well and widely known as an able teacher and operator, with a ripe scholarship and matured experience.

No practitioner can afford to be without this enterprising and replete publication, which is a true exponent of American grit, genius and erudition. May it receive the full support of our whole profession, and may it refute the imputation that Americans appreciate only that which bears the ear-marks of foreign importation.



CLINICAL SURGERY AND SURGICAL PATHOLOGY In charge of T., H. MANLEY, M. D., New York

NEOTHROSIS AT THE SHOULDER.

M. Ollier, the celebrated surgeon of Lyons, has recently submitted an important contribution before the Academy of Sciences on the subject of creating a new joint after one has been destroyed by injury or disease.

He reported an illustrative case at the humero-scapular junction. For a diseased condition it was found necessary to resect the head of the humerus and the scapula. Ollier, in order to preserve function in the arm detached and reinserted the higher scapular muscles lower down into the humerus.

He then securely fixed the free end of the humerus up against the outer

end of the clavicle.

The patient on whom he operated he exhibited, showing in a remarkable degree what conservative surgery may accomplish in the articulation.

-L'Echo Medicale, 19 Juni, '98. Note.—M. Ollier, the professional world knows as the most accomplished living master of osteo-plastic sur-

gery.

He, indeed, has placed the world in his debt, for his great work on osseous regeneration is one of those masterpieces which has contributed more than any other that has yet been written to advance conservative osteoplasty. Here, from a solid groundwork of experimental study of reproduction and repair he advanced to the clinical side of the subject and demonstrated to us that the whole subject of amputation must be re-written to meet the demands of modern surgery. His late contribution on shoulder lesions is most timely, for the time has come when skill with knowledge and experience will enable us to spare a useful arm, even when the clavicle

or the scapula, or both, must be sacrificed for disease or injury.

In neoplasm of the scapula, then, no more amputation of an "upper extremity," but a part of it, the omoplate or the clavicle if necessary; but oh! hesitate, delay, deliberate and consult with the best attainable skill before robbing the poor unfortunate of his means of existence. By a full knowledge of Ollier's great work and the achievements of the large number of eager and earnest workers in the field, the scales will fall from our eyes and we may escape the commission of a cruel blunder.

Т. Н. М.

SEWING UP THE RECTAL RING, OR THE TREATMENT OF PRO-LAPSUS OF THE RECTUM— CLINIQUE CHIRURGICAL DES ENFANTS.

BY M. P. PAGNET.

L. Jules, aged 11 months, born at term of healthy parents, was nourished irregularly. Since ten months old had diarrhea, alternating with constipation. When eight months old it was noticed that with each motion there was a hernia of the rectum. Little by little this became more and more pronounced, until it appeared in great volume. It was difficult to reduce and impossible to petain.

Such was the condition when the case was brought to Professor Phoca's clinic. It was now observed that the infant was much emaciated, had a ventral hernia with a vast rolling out of the rectum. This was turgescent, red and irritable, lying in several plications and greatly enlarging on straining.

Now, the parts were lubricated and pressed well up, two large pledg-

ets of borated cotton being passed

up the rectum beneath.

After this the anal outlet was closed by two sutures of fishgut suture—Crin de Florence—over which was placed a tampon of iodoform gauze and bandage. Four days later these were removed. There was no During treatment the inrelapse. fant was given two drops of Sydenham's solution of opium. The infant remained in the hospital six days longer, during which time there was not the least sign of returning

prolapse on defecation.

This procedure has been employed by M. Phocas for four years. The rectum is pushed up and securely held. During this time whatever effort the child may make he cannot force the intestine out. Are the results durable? It is true that there is a tendency to relapse during the first few days, so that the sutures may tear out, but among all the infants treated in this manner in none has there been a relapse only after operation. The diet must be regulated, colic and violent efforts prevented. The operation itself is exceedingly benign, never requiring the use of chloroform.

-Le Nova Medical, 15 June, '98. Note.—We had occasion recently to translate an essay on the treatment of large prolapse of the rectum at another epoch of life. It will be noted there that surgical manipulation is sometimes of a formidable

character.

Here M. Phoca's plan, the essence of simplicity, appeals to us at least, for the mechanical ends it accomplishes; but is so crude and irrational that one cannot escape skeptic attitude towards it until it has been fully tested. An infant under 12 months defecates frequently. It is true the author says that two sutures permit a percolation through of fluid feces, but that would seem inadequate. In most cases the sutures must tear out under violent straining. By narcotizing the infant, we may obviate this tendency; yet the whole procedure strikes one as impracticable and dangerous in the event of infection of the suture punctures.

In those cases we should always

look carefully for the cause of the straining, for obstruction of the urethra, phymosis, for constipation, etc., and then before resorting to the sewing-up method, first try properly adjusted pressure; always directing that the bowel be immediately reduced after evacuation, and be then well supported by pressure; in fact, on the same principle as we would treat a reducible infantile hernia.

GASTROSTOMY BY A VALVU-LAR OPENING.

M. Ricard, apropos a patient operated on by M. Lorisan for cancer of the gullet, crit-icized the various modes in vogue for gastrostomy for obstruction above the cardia. The older methods of fixation he said were discarded and that of Berger and Terrier constituted an improvement; but there yet remained the tendency of digestion of the stomach wall by the gastric

iuice.

Poncet's plan was en deux temps: at first the stomach being partly drawn out and fixed by sutures, to be opened three days later, when adhesions were firm. Witzel's methods entailed severe tension of the gastric walls. The stomach was drawn out obliquely between the muscular layers, and secured. After cicatrization the outlying muscles acted somewhat like a sphincter. This operation is tedious and difficult. preferred the operation of Fouton, in which the summit of the stomach was engaged in the incision. A conelike hernia is produced and fixed, a flat, oblong opening made so that when the stomach is fitted its prolapsed walls fall over the opening and securely close it. But slight, if any, leakage follows, and it is a source of no discomfort.

—Le Progres Medical, 7 Mai, '98.

THE ORIGIN OF CIRSOID ANEU-RISMS.

J. L. Reverdin publishes a case of cirsoid aneurism apparently following an infection. A man, aged 31, became ill in March, 1895, with slight fever, pharyngitis, odema of the frontal region and root of the nose, diarrhea (which lasted

weeks and brought on a "typhoid" state), epistaxis, enlargement of the liver and spleen, ascites and edema of the lower limbs. During convalescence there was neuritis of the right median nerve. Two physicians diagnosed the case as infective gastro-enteritis, although there is some doubt as to its exact nature. May, 1896, a slight enlargement above the left evebrow was noticed, where the edema originally occurred. The skin over it was not discolored. About this time also he had hematemesis and melaena. On December 9, 1896, when first seen by Reverdin, there was nothing abnormal to be found in his general condition, but there was a typical cirsoid aneurism extending from the external to the internal angle of the left eyelids, and forming a large projection at the root of the nose. This was removed successfully. Writers generally divide cirsoid aneurisms into (1) those following pre-existing naevi, (2) those following injury, and (3) those which are idiopathic. In France they are considered to be allied to arterio-venous aneurisms, but it is difficult to see how multiple communications between arteries and veins could arise at the same time owing to an injury. Others, including Billroth, believe them to be due to arteritis, which weakens the vessel walls and allows their dilatation. The above case is interesting on this hypothesis. Since injury and naevi could be excluded the etiology appears to be an infective arteritis, and an infective origin has never been upheld before. Histologically the tumor presented the ordinary appearances of cirsoid aneurisms, but one vessel was obliterated by a fibrous mass. The process was then probably: (1) Lodging of pathogenic organisms in the vessels of this region, causing an infective arteritis (the organisms, however, had disappeared before the operation), in one vessel, the obliterated one, an embolus or thrombus, probably septic, formed, and this accounted for the painful frontal edema observed near the beginning of the illness; (2) diminution of resistance in the vessel walls caused by the arteritis, and (3) finally, at a later period, their dilatation. The presence of several smal red spots, formed by a central dilated vessel and smaller ones radiating from it, supported the theory of infective arteritis. These also appeared for the first time after the infective illness. Reverdin believes that arteritis explains also all cases of cirsoid aneurism following an injury; thelr slow development some time after being just what one would expect. Those following naevi could be explained by a congenital defect of nutrition of the walls of the vessels.

—Rev. Med. de la Suisse Rom., Feb. 20, 1898.

IMMUNITY AGAINST TETANUS.

Tizzoni has made an important series of experiments showing that it is possible to render animals immune against tetanus by injecting a culture of Fraenkel's pneumococcus. When thus treated not only do injections of the bacillus itself have no effect, but resistance of the animal to the minimum lethal dose of tetanus is greatly increased. At the same time the local effects appear to be merely decreased in severity. Also that the action of tetanus poison on an animal already inoculated shortens the period of immunity of Fraenkel's pneumococcus. The writer has also observed that the immunity conferred by injection of pneumococcus differs from that produced in other cases by the extreme rapidity of its action; if employed a short time before or even at the same time as the more severe poison, it is still able to act quite efficaciously. This material loses its power and becomes almost inactive against tetanus poison, although it seems to retain its own power of conferring immunity against its own original bacillus. The converse is to a certain extent true according to writer, as tetanus antitoxin confers a certain degree of immunity, though this is not complete, as the animals are liable to die, but their symptoms are considerably reduced in severity. The author discusses the question of resemblance between pneumococcus and tetanus antitoxins.

-Gazz, degli Ospedali, March 6, 1898,

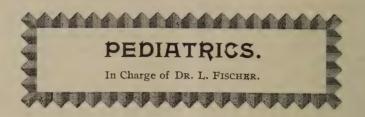
TOTAL GASTRECTOMY.

In reviewing the total extirpation of the stomach Dr. John C. Hemmeter, of Baltimore, points out in the Medical Record the possible advantages which medical science may have gained from this operation, and concludes as follows: "The consummate experience of the cleverest operators and surgical philosophers points unmistakably to the conclusion that in malignant disease of the stomach gastro-enterostomy gives the best results obtainable whenever there are secondary metastases or adhesions. My personal experience confirms this deduction. It is not necessary to give predigested foods, as the intestine is capable of digesting a sufficient amount of food to maintain the nitrogen equilibrium, and in a number of my cases in which I advised my surgical friends to execute a gastro-enterostomy the patients even gained in weight. A case like Schlatter's will probably not occur once in a thousand presented for operation. There were a number of very important factors governing the result of the operation, on which he took his chances. In fact, the patient has as yet not lived long enough to disprove the possible existence of minute metastases, impossible to discover even after laparotomy."

BOTTINI'S OPERATION FOR HY-PERTROPHY OF THE PROS-TATE.

Freudenburg (British Medical Journal) reports a case of complete retention from prostatic hypertrophy in a patient aged 63, which was entirely removed by galvano-caustic incision of the enlarged gland after the failure of bilateral castration. The urine, which after the first operation had remained turbid, became quite clear after the second, and the patient is now able to relieve his bladder regularly without using a This case, it is stated, shows that Bottini's operation acts directly by removing the obstacle to the discharge of urine, and not, as has been suggested, by merely destroying the orifices of the ejaculatory ducts, and the ganglia and nerves which extend to the vesiculae seminales and vasa deferentia. It is of practical importance, also, as it suggests a doubt whether it be advisable to perform castration for the relief of urinary retention before an attempt has been made to overcome this result of prostatic enlargement by galvanic incision of the gland.





THE TREATMENT OF SUMMER COMPLAINT, OR GASTRO-ENTERITIS CATARRHALIS ACUTA, INCLUDING CHOLERA INFANTUM IN CHILDREN.

By LOUIS FISCHER, M. D., New York.

Three years ago it was my good fortune to study some typical cases of diarrhea in a mild and aggravated form, occurring in several hundred children, in both hospital and private practice. The results of these examinations were embodied in a paper published in the Post Graduate Journal, No. 10, 1892. It was found that two classes of cases presented themselves for treatment, usually during a sudden increase in temperature of the weather; so much so that I was led to believe, with a great many others, that there is a probability that some specific micro-organism is latent until actively developed by the sudden rise of temperature. The morbid process consists in this class of cases, chiefly of (1) vomiting, and (2) diarrhea—the vomit depending upon the nature and the frequency of the food and the general predisposition and vitality of the patient affected: the diarrhea consisting likewise, as in the case of the vomit, of either undigested particles of food, greenish stools, which give a distinct reaction with nitric acid, showing the presence of bile in the passage, other stools containing mucus, cylindrical epithelium and round cells, and coming chiefly from the small intestines. We note that normally there is no bile in the large intestines, consequently all green stools emanate from the small intestines. When the mucus is not thoroughly

mixed with the feces, when the feces are wrapped up in it, or mucus covers the feces after evacuation, we conclude that the mucus comes from the colon, and we have colitis. Blood, when found in a bright color in stools, comes from the lower end of the bowels, and the rule that Boas in Berlin lays down is, "The darker the blood in stools the higher up the morbid process must be looked for, whereas the lighter the color of the blood the lower the region of the or pathological process: hence it is safe to examine the anus for erosions and fissures of the anus, when the blood is bright." Duodenal catarrh can be diagnosticated only when it is complicated with jaundice; it never gives rise to diarrhea Tenesmus is observed only when the lower portion of the rectum is involved in the morbid process.

Mechanical treatment, which has been most successful in my hands, and which is the result of personal experience, besides advice from such authorities as Professor Baginsky, of Berlin; Dr. Hugo Neumann, also of Berlin, and a great many others. If improper food is the cause of a disordered stomach it stands to reason that the first point of the treatment should be to remove that offensive food. For that purpose we resort to mechanical treatment, consisting of washing the stomach with the ordinary normal saline solution. When a

child is brought in with a history of vomiting I proceed in the following manner: I introduce a No. 10 flexible catheter, having more than one opening, by pushing it gently against the pharyngeal wall, continuing to push it down the pharynx into the eso-phagus until we reach the stomach. The tube is never anointed with oil, because there is normally so much mucus present that we have nature's own lubrication. That a No. 10 tube is not too large for a child between six months and one year of age can be proven by the fact that after we attach a long rubber tube, ending in an ordinary glass irrigator, or ending in a long glass funnel, the child frequently has plenty of room to vomit the excess of water while the tube is in situ, so that the calibre of the tube allows ample room for nature's relief, if necessary. Having then introduced the tube, I usually allow water of the temperature of from 90 degrees to 105 degrees F. to gradually flow into the stomach until about one pint has entered. In using a funnel we can syphon off the contents of the stomach by lowering funnel below the level of the stomach. Having emptied as much as we can, I raise the funnel above the child's head and again pour a pint of this normal saline solution into the stomach, and this process can be repeated until the syphoning proves the stomach fairly clean. much for lavage.

The question—How often shall we irrigate the stomach?—depends on the amount of fermentation present, on the condition of the child following this lavage, and also on the effect of the irrigation on the vomiting which existed prior to this mechanical treatment. It is, however, customary to repeat this washing either the next or two days following the first lavage. After cleansing the stomach of this offensive food, we prescribe rest, and insist on leaving the child at least two hours without giving food of any kind. I do, however, permit a small quantity of an alkaline water, either seltzer or vichy, Apollinaris water, or plain boiled (sterilized) water to be given. Lime water may also be given undiluted ad libitum. It has been found

by a great many authors, and I perfectly agree with them, that alcoholic stimulants are decidedly harmful in some cases, whereas they are beneficial in others. I do not, however, prescribe alcohol in any form when a child is brought to me with a high temperature, in a very acute inflammatory state of the mucous membranes, and where an acute catarhal gastric or enteric fever exists. Having then prescribed rest for the stomach the next thing is to discontinue milk in any and every form. It is surprising to find that even in nursing babies we can frequently work wonderful changes by discontinuing the nursing for one-half a day or one day, while cleansing the alimentary tract. Where severe diarrhea exists I first try to locate the lesion in the intestine by examining the nature and frequency of the stools, and we invariably keep a record of the number of stools passed in 24 hours. Where there is a lientery, i. e., stools containing indigestible particles of foods, we note that the lesion comes from the stomach. I have previously referred to the presence of blood, mucus and bile in the stools, and it is very important to judge the nature of these stools before resorting to treatment. In all diarrheas, however, it is advisable to irrigate the rectum and colon, by placing the child on its left side, introducing a flexible rubber tube, using plenty of oil or vaseline for lubrication, having passed the sphincter and gently pushed the tube beyound the rectum into the colon, as far up as we can. At times a little difficulty is encountered, owing to the spasmodic contraction of muscles, of the internal and external sphincters, but if a little patience is used no difficulty will be encountered, and the tube will glide easily into the colon. The method of irrigation of the bowels is the same we use in irrigating the stomach, excepting that we do not seek to syphon off the contents of the bowel, but rather to allow a pint or a quart, sometimes even two quarts of warm, normal, saline solution to flush the bowel, and in this way wash away as much of the feces and offending debris as exist at the time within the

MEDICATION.

Having mentioned the cleansing of the stomach and bowels by nature's own remedies, using salt water, we try next to aid nature by administering internally some antiseptic that will aid in neutralizing fermentative and septic processes that we cannot reach either by mouth or rectum in the manner described. Of all the drugs that seem to exert a good effect in the course of treatment, I have tried calomel, and believe that a small dose of the same, properly administered, will act as an intestinal antiseptic. Whether it is the mercuric chloride or not I am not prepared to say, but I do know and have seen very beneficial changes by the administration of one-half to one grain of calomel once or twice within three or four hours following the method of cleansing the stomach and bowel as detailed. Castor oil in teaspoonful doses. I believe to be a very valuable remedy, especially so because it has a tendency to constipate after it has had its eliminative effect. Bismuth is the sovereign remedy. While I have used bismuth in the form of subnitrate, salicylate and subcarbonate, I give great preference to the continued use of the bismuthbetanaphthol.

Only recently a child 9 years of age, suffering from a most severe form of typhoid fever with very offensive green stools, seemed to improve very much during the course of treatment with this drug. The betanaphthol-bismuth seems to exert some influence on the offensive smell usually to be found in these typhoid and bacillary diarrheas.

A child 1 year old can be given five grains betanaphthol-bismuth every two, three or four hours, as required; a child half a year old onehalf the dose. I always insist on giving these powders with a little boiled (sterilized) water, and preferably when the stomach is quite free from food. If there is a great tendency to vomiting and the child does vomit the first or second dose given it is my custom to immediately follow the vomit by administering another dose of the same quantity. I believe the fear of giving opium is exaggerated. It is one of the most

indispensable drugs in the treatment of diarrhea with pain that we have to-day. Great care must be exercised, however, to give only the required dose. I have, therefore, frequently combined Dover's powder with the bismuth naphthol, sometimes giving one-third of a grain of Dover's powder with each dose of the bismuth; also I have had very good results from the administration of nitrate of silver, one-fiftieth to one-thirtieth of a grain, or even more, every few hours, where bleedings from dysenteric stools have existed. I do not refer to bleeding caused by the small erosions or from the ordinary tenesmus caused by fissurae ani. which can be controlled much easier by local treatment than by administering drugs per os. It is wise, therefore, to carefully examine the anus in all these cases where children appear to suffer very much pain from these erosions. The painting of the anus with a 6 per cent. solution of cocaine or the watery solution of opium will give great relief.

The antipyretic treatment of these gastro-intestinal catarrhs is one that requires great judgment. For example, we frequently have, as in acute gastritis, a sudden elevation of temperature to 105 degrees, 106 degrees, or even 107 degrees F., and this hyperplexia can be best controlled by the administration of a bath in the following manner: We place the child in a blanket and introduce the whole body up to the neck and shoulders into water at a temperature of 90 degrees F. I gradually add cold water to lower the temperature of the water until it reaches 70 degrees F. In summer, where ice is handy, I place the child into warm water and add a large piece of ice to this warm water, and in this manner allow the temperature of the water to be gradually cooled until the bath thermometer shows a temperature of about 70 degrees. The duration of the bath should not be more than five minutes, otherwise it will be followed by a chill which is sometimes prolonged. The frequency of the administration of these antipyretic measures depends on the condition of the child. I have frequently found that the temperature of 105 degrees or 106 degrees F. can be reduced by one bath three and four degrees during the bath, and that the temperature of the body still sinks one and even more than one degree after the patient is taken out of the water. The antipyretic effect of these baths will last at times two and three hours, and if the temperature again rises we can administer a bath every few hours as we see fit. It is hard to generalize the treatment of summer complaint, because we have to individualize in most of our cases, and find that certain active measures are very well borne by one class of cases which are not at all tolerated by others. One point is important, and that is to reduce the very high temperatures that occur in the course of summer complaint, owing to the great risk that we run from continued elevation of temperature in causing convulsions and possibly death. In the management of cholera infantum I am in the habit of placing the child with a very high temperature at once into the bath as above described to reduce the elevation of the temperature as much as possible. The next step is to cleanse the stomach and bowels by irrigation as above scribed, so as to free the stomach from all fermentative products and render it as completely sterile from poisonous bacteria as possible, and . by all means to put an ice-bag on the top of the head. While we know that sunstroke in the adult is usually most dangerous and fatal in alcoholic subjects, we do not know how much good or harm is done by the administration of alcohol in the course of a severe cholera infantum. A large experience of these severe cases as we see them in this city, where a child is brought in in a condition of collapse, with cold extremities, covered with large beads cold perspiration; the eyes half open, the pupils dilated, the head very hot, the fontanelle widely open, usually depressed, with rapid pulsation; liquid, watery, sometimes greenish, sometimes brownish stools, more often accompanied by vomiting; a tongue that is brown or red. studded with white spots, dry, more often protruding from the mouth; the eyes sunken, surrounded by deep, black

rings; little or no urine voided; the abdomen at times very tympanitic, at other times retracted; a distinct typhoid appearance, while the body has a cadaverous smell-where we have a clinical picture of extreme exhaustion, as above described, the pulse feeble, at times intermitting, in some cases 180 per minute, in others possibly 60 pulsations, and where we are in the midst of an extremely hot summer's day, with the temperature of the air between 95 degrees and 100 degrees F. in the shade, the first duty is to cool the surroundings as much as possible. It it in these cases that so much good can be accomplished by a sudden change of air from the city to the sea on excursions, such as, for example, those given with such wonderful benefit by the St. John's Guild and other sanitariums. The well-known constipating effect of the sea air on adults is here, I believe, beneficially shown and proven by the fact that at times two hundred and three hundred children that have suffered from a continuous diarrhea lasting a few days or more will by one small sea voyage lasting one day in these trips, suddenly have the diarrhea stopped, which will continue to remain so until the next sudden approach of hot weather.

STIMULATION.

The strongest nerve stimulant is musk. In urgent cases I have given one to two grains within half an hour in a little mucilage of gum arabic until six grains have given. Camphor, one-quarter to two grains, can be rubbed up with glycerine; or 10 to 15 drops of spirits of camphor in some cases seem to do good; in obstinate cases, however, hypodermic injections of spirits of camphor prove serviceable. While it is very rare to use alcohol in any or all forms of gastro-intestinal catarrh, I have, however, injected in collape a teaspoonful of alcohol in a pint of hot water through a flexible catheter (No. 12) into the bowels, or given a few drops of whiskey in rice gruel or barley gruel. A word more about calomel. A great many children vomit after the administration of calomel, so that it is wise not to overlook this point, but it does augment the flow of bile by stimulating the bile ducts, and hence it is a very valuable remedy. The tannate of quinine, which has been so highly recommended, I have used in our dispensaries for the last six or seven years, and have invariably resorted to other drugs; it is therefore a very poor drug to be used in this condition.

DIET.

Our next step will be to nourish our patient. If our patient is nursling we must carefully inquire into the quality and quantity of its mother's or wet nurse's milk. The microscopic examination of the milk will be necessary, besides the creamometer, which is recommended by Holt, can be used to estimate the quantity of fat and cream in the milk. It is wise to inquire into the conditions previously mentioned this paper—e. g., tuberculosis, pregnancy—when the lactation is interfered with, and if we find such conditions existing, then we must resort to hand-feeding—properly sterilized milk, diluted according to the age of the child. If the child is hand-fed it is a cardinal rule in all cases of summer complaint, with vomiting and diarrhea to discontinue milk and to give the child barley gruel, or what I have found equally good, rice gruel. If the child does well it is a good plan to change the food from time to time, and to give one day cornstarch or rice and the next day barley. The white of an egg or the volk of an egg beaten up with sterilized water can also be given advantageously during the course of diarrhea; so also have I found some good by the administration of beef blood made by broiling fresh steak and expressing the juice with lemon squeezer, and administering 25 or 30 drops at a time to a child of six months or over, two or three times a day. If vomiting is very persistent and the stomach has been thoroughly cleansed and cannot be controlled by the measures resorted to above I frequently discontinue all feeding per mouth for 24 hours, giving the stomach absolute rest, and then resort to

RECTAL ALIMENTATION.

For this purpose I use peptonized milk (thoroughly peptonized) or the yolk of an egg with starch water, or beef blood as described above, with starch water or barley gruel, using between two and four ounces for one enema. This quantity I inject into the rectum very slowly every two, three or four hours. It is always necessary in rectal alimentation to thoroughly wash the lower bowel by using an enema of soap water or glycerin and water before each feeding.

HYGIENIC.

Having attended, then, to the mechanical treatment, medication, and looked after the proper diet of our case, we next try to give our patient as much cool air as possible. I have previously referred to the importance of taking a child away from atmospheric influences, which most likely cause this pathological condition, and where this is not possible I remove the child into the largest and coolest room of the house. Where sea air is not obtainable, it is wise to add some sea salt to our water in administering the baths previously mentioned, as they have a very invigorating effect. Occasional sponging with equal parts of alcohol and water or a small quantity of Florida water brightens the children and seems to check perspiration. dren in this condition should bathed daily, and where extreme prostration exists they can be bathed twice daily with salt water, followed by rest and placing a small rubber bag half filled with cracked ice over the top of the head or immediately over the pulsating fontanelle and left in situ for a number of hours. In other cases where there are symptoms of cyanosis with cold extremities and great perspiration, with pallor of the skin, a hot mustard bath is indicated—about a handful of pulvis sinapis nigrae wrapped in some linen and suspended in water of about 100 degrees F. Immerse the child's body and gradually raise the temperature of the bath by adding boiling water until reaction sets in; then wrap the child in warm blankets. In extreme stupor I have sometimes given to advantage a few drops of the aromatic spirits of ammonia with a little boiled water, especially where the pulsations were

very feeble.

To sum up, my plan of treatment for a given case of catarrh of the gastro-intestinal mucous membrane resulting from the combined effects of extreme heat and improper feeding would be: 1. To irrigate the stomach as previously detailed, to free the gastric mucous membrane as much as possible from offending decomposing food and consequent fermentation. 2. To free the bowel in the same manner from all offending feces possible by irrigating with lukewarm water and flushing colon and rectum till the contents flow away clear. 3. Never resort to antipyretics, as antipyrin and quinine or other similar drugs, in reducing the temperature, but invariably resort to hydropathic measures, relying on the warm bath, gradually cooled from 90 degrees to 70 degrees. Duration of bath in all five minutes, to be repeated every few hours if necessary. 4. Placing an ice bag on the top of the head, following the bath, and placing the patient in the coolest possible room, if we cannot have the child immediately removed to cool sea air. 5. Unless it be a nursling I invariably proscribe milk, and if a nursling then discontinue the breast at least one-half day to give the stomach absolute rest. 6. I administer betanaphthol-bismuth in

doses of five to ten grains to a child of 1 year every two, three or four hours, depending on the nature of the case. 7. If vomiting persists and cannot be controlled by medication I resort to rectal feeding, and administer the bismuth in a small suppository, also per rectum, but invariably doubling the dose required per month. 8. I invariably warn against the danger of administering alcohol, and any wine or beer. I administer alcohol, if at all required, myself, per rectum, as detailed above. 9. Cold sponging to check the perspiration with equal parts of alcohol or water or using bay rum is very refreshing and grateful, besides doing service in cooling the body. 10. Where cyanosis and very cold extremities exist we have to individualize our treatment and sometimes resort to hot mustard baths, in preference to previous hygienic measures detailed.

It is important to remark that the cause of all or nearly all gastro-intestinal disorders originates in the stomach by and through not only the food given, but an improper assimilation of the same, due no doubt to atmospheric surroundings, and hence a complete breaking off and stopping of feeding per mouth is very beneficial to a great many cases, and where, therefore, we have extreme vomiting, which cannot be controlled by other means, the importance of rectal feeding and absolute rest of the stomach cannot be overlooked.

-187 Second Avenue.

ABORTIVE TREATMENT OF IN-FLUENZA.

M. Felsenthal, in La Presse Medicale, advocates the use of calomel in the treatment of influenza, maintaining that an abortion of the attack is possible in every case seen before the third day. He gives three grains in two doses to men, and two grains in three doses to women. In six to ten houds the temperature falls, the headache, pains in the muscles and the cough diminish or stop entirely. Complete recovery usually

occurs in two or three days, and this in most cases without the employment of other treatment. L. F.

ANTI-DIPHTHERITIC SERUM IN ASTHMA.

Professor Revilliod, of Geneva, reports in the Bull. Medicale the results obtained in employing anti-diphtheric serum hypodermically in asthma. Three cases of six years', seven months' and eight months' duration respectively were completely cured. The first required ten in-

jections within five months, the second three injections in ten days and the third six injections in two months. In four other cases only relief was experienced, the treatment having been interrupted. At first the beneficial action is only transitory, but the number of intransitory, but as the number of injections is increased it becomes more durable and may be given more fredurable, and may be given more infrequently, and finally stopped entirely.

L. F.

EYE SYMPTOMS IN MENIN-GITIS OF CHILDREN.

Dr. E. A. Davis, of Chicago, presented a valuable paper on this subject in the section on Diseases of Children at the last meeting of the American Medical Association. The writer is inclined to lay no particular stress on the value of eye symptoms in any form of meningitis.

He does not agree with Leichtenstern that in the tubercular form of the disease the pupils are apt to be dilated and sluggish oftener than in the epidemic form of cerebro-spinal meningitis. Neither does he agree with Nettleship that when the optic nerve on the one side only is affected it is on the same side as the meningeal affection if it is a true meningitis, but on the oposite side if it is tubercular. He is disposed to side with Whittaker in the statement "that the various forms of meningitis are to be separated and recognized more by the etiologic relations of the disease than by any in symof the disease than by any in symptomatology." -From Western Med. and Surg. Gaz.

HAY FEVER.

To prolong the effect of cocaine in hay fever Dr. Edmund W. Holmes (Medical and Surgical Reporter) uses a spray of 2 per cent. cocaine phenate in a boric acid solution (5 grains to an ounce). The carbonate aids the anesthetic effect and prevents the too rapid absorption of the drug.

L. F.

LARYNGEAL INTURBATION IN VOMITING.

Dr. Charles Lyman Greene suggested to the British Medical Association that laryngeal intubation might be used to advantage in cases of persistent and desperate vomiting, since the impossibility of closure of the glottis and the consequent failure of the diaphram to become fixed would prevent the act of vomiting. There might be slight regurgitation, but no true vomiting. He desired reports from intubation cases as to whether vomiting occured while the tube was in the larynx.

TREATMENT OF ATROPHIC RHINITIS.

Dr. Clarence C. Rise in a paper read before the American Laryngological Association (New York Medical Journal, November 20, 1897) claims that atrophic rhinitis is intimately dependent upon a constitutional taint. In proof of this he refers to the fact that this condition is found more frequently among dispensary patients, the poor, the ill nourished and workers at indoor trades. He therefore holds that the most important part of the treatment consists of fresh air, exercise and such other measures and remedies as tend to build up the general health. As to local treatment, he cleanses the nose, and then rubs the membrane with a hard pledget of cotton dipped in a weak solution of bichloride, or borolyptol, or boroformalin. He thus produces a smooth surface, in fact, polishes the membrane. He then coats the surface with some unmedicated oil simply for protection and lubrication. If purulent rhinitis is rapidly developing an atrophic state, as sometimes occurs in children, he advises a powder composed of 75 per cent. of compound stearate of zinc with boric acid, and 25 per cent. of compound stearate of zinc with alum. This should not be used after the discharge has ceased, as it is too drying.

THE GONOCOCCUS.

Dr. Henry Heiman, in the Medical Record for January 15, 1898, continues his studies of the gonococcus along the line of his previous papers. He relates some interesting experiments and arrives at the following summary:

1. The gonococcus can be kept alive in certain liquid culture media

as long as 82 days.

2. The gonococcus can be transplanted probably indefinitely from one culture medium to another. I have succeeded in transplanting it 25 times.

3. Fifteen cases of chronic urethritis, pronounced on clinical evidence cured, were found to be entirely free from gonococci, as judged by coverglass preparations and cultures.

4. The statements of Strauss, Pescione and Eraud that the gonococcus occurs in the normal urethra is not satisfactorily proven by their published experiments.

5. Rectal gonorrhea can often be detected by suitable examination.

6. Gonorrheal arthritis may be a sequela of opthalmia neonatorum.

L. F.

A FEW POINTS ON NURSING CHILDREN WITH DIPHTHE-RIA.

-Thomas in Der Kinderarzt, 1897, viii, 10.

The author does not believe that the treatment with anti-toxin injection alone is sufficient, but recommends as well the carrying out of all rules of general therapeutics in vogue before anti-toxin treatment was employed. It is necessary in the first place to administer a roborant diet. The cleansing of the mouth and nose with a 1 to 2 per cent. salicylic acid is to be recommended, it being of great value for the removal of secretion and pseudo-A bath of lukewarm membranes. water also should be administered. for the preservation of the function of the skin is of great importance. The diet of a child suffering with diphtheria is at all times an important problem, as it frequently happens that children will not eat or drink for days together, and occasionally a case is met with which dies for want of food, although the disease has been cured.

Finally, as the after effects serum therapy frequently cause some anxiety, it devolves upon us especially to feed the children with milk during the first few days on account of the danger of the occurrence of nephritis. As most children who are fed on milk in scarlatina escape an attack of nephritis. this measure should be also brought into use in diphtheria. It insures the normal action of the kidneys and represents at the same time an adequate nourishment. Metabolism is accelerated by treatment with serum. Dr. Valette has shown that the urates and phosphoric acid are greatly increased. It stands to reason, however, that we should endeavor to diminish as much as possible the work of the kidneys.

L. F.
—Medical Mirror.

SERUM THERAPY.

Experiments with serum therapy in a number of the infectious diseases have been made recently. Weisbecker last year obtained very good results in four children suffering with broncho-pneumonia during measles, by injecting subcutaneousthe blood-serum taken measle convalescents. He applied this same therapy to children suffering with typhoid fever, to five children with scarlet fever, and to five cases of pneumonia, amongst whom were two children of 2 and 4 years He always employed the serum from convalescents from the same disease as that from which the patient was suffering. Each one of the patients received only one injection of 10 c. c. of serum, and the effect was marked in every case. Sometimes it would lower the temperature and render the local symptoms milder, at others it would increase the intensity of the symptoms, but always caused a feeling of well-being, which made itself felt a few minutes after the injection and continued to the end of the disease, so that euphoria existed in spite of high fever, and the appetite remained good. In several of the patients the duration of the disease was noticeably shortened, and all of them recovered. L. F. —La Sem. Med.

DIET OF PROSPECTIVE MOTHERS.

This subject of diet is very often brought to the attention of the physician. Without doubt some of the discomforts of pregnancy and child-bearing are greatly aggravated by improper diet. The following suggestions, found in a French Journal, may be of use to someone:

An excess of water and albuminous food should be avoided—water, on account of its tendency to produce hydroamnion, and albumen, because it favors excessive growth of

the child.

The following is the diet prescribed, which has been tried in a num-

ber of cases:

Meat once a day, green vegetables and potatoes, avoid eggs, peas and beans, as they are too rich in albumen. The advantages claimed for this regimen are:

1. The patients are active until the eve of their accouchement; they do not suffer from a sensation of fullness, excessive formation of fat,

thirst or constipation.

2. Rapid and easy delivery, even in those cases in which the previous labors have been prolonged and difficult.

3. There is never an excess of

liquor amnii.

4. All the women thus dieted have nursed their babies. The quality and quantity of the milk were always good. The children were very small, but healthy and well formed. They averaged about six pounds in weight.

—Public Health Journal.

SARCOMA OF THE KIDNEY IN CHILDREN.

In a very excellent article on this subject in our valuable contemporary, Medicine, Dr. D. A. K. Steele, of Chicago, concludes as follows:

From the literature of this subject I think we may fairly deduce the following conclusions:

1. These new growths of the child's kidney are often congenital.

2. They are usually unilateral; when bilateral it is from secondary infection of the other kidney.

3. They are primary extra-renal, and surround rather than infiltrate

the renal tissue.

4. Round-celled is the most com-

mon form of these sarcomas.
5. They are of exceedingly rapid growth and destroy life by exhaus-

tion.

6. They are uniformly fatal when treated medically, the duration of life being from four to twelve months from the time the disease is first observed.

7. Nephrectomy offers the only hope of cure or prolonging life in

these unfortunate cases.

8. More accurate early diagnosis and prompt operative interference has lowered and will continue to lower both the primary and secondary mortality.

9. The extra-peritoneal route is preferable when the tumor is small.

10. When large, a trans-peritoneal

incision is imperative.

11. It may be either transverse or vertical; considering the nerve supply of the parts, the transverse would seem the better.

12. The operation of nephrectomy in these cases is justifiable, and we are not doing our duty as surgeons to our little patients if we withhold the only chance of life.

L. F.

-Indian Lancet.

COUGHS IN CHILDREN.

An editorial in Pediatrics of December 1, 1897, says there are many varieties of coughs which do not proceed from pulmonary complications. Emil Mayer has recently published a pamphlet dealing with this not generally recognized fact. Some these coughs which Thompson designates as useless are common both to adult and child, while one or two are peculiar to the age of childhood. These coughs, which are reflex in origin, are often the cause of much thought to the physician, and are by no means easy to diagnose cor-The hacking night coughs rectly. of children fall into this category. According to Dr. MacCoy, of Philadelphia, these coughs are mostly due

to naso-pharyngeal obstruction, and the reason that they are only troublesome at night is because when the child is in an erect position during the day gravity lends its force to facilitate the secretions from the nasal passages, but at night, when the child is lying down, this secretion cannot escape by these means, and the cough is brought on by mechanical irritation. Again, there is the paroxysmal hacking cough of children described by Dr. Francis Warner, of London. This cough occurs in children who, although emaciated and unable to eat, have a normal temperature and the physical signs of healthy lungs. Dr. Warner attributes this condition not to peripheral irritation, intestinal worms, affection of tonsils or pharvnx, but to unbalanced central nerve action, and as his conclusions were based on the examination of 22,000 children in schools, he is in a position qualifying him to speak with authority. Lastly, there is the hysterical cough, which is common alike to L. F. adults and children. -Medicine.

TENALINE, A NEW VERMI-FUGE.

Hobday, professor of therapeutics, Royal Veterinary College, London (Journal of Comparative Pathology and Therapeutics, December, 1897) relates certain tests made on animals, with a view of determining the value of tenaline, a new preparation recently made from the areca nut, and which retains the teniafuge alkaloids of arecaine and guvacine without the toxic principle arecoline. It has the advantage over powdered areca nut of being more easily administered as its bulk is small, and a purgative is not a necessary adjunct. Its action on the bowels is to increase secretion and stimulate peristalsis so that no worms can be retained. Its general effect seems to cause expulsion of the head, as well as the segments, thus getting rid of the most troublesome part of the parasite. The dose is one minim for each pound of body weight, and it is advised that it should be administered pure, or with the addition of a little water. Tenaline is considered to be a perfectly safe vermifuge. That it has a toxic action was illustrated by the case of a Maltese terrier, in which one drachm was given subcutaneously. The dog died in ten minutes from respiratory failure. Tenaline is unsuitable for subcutaneous use.

L. F.

MEDICATED SIPHONS.

Smester, before the Societe Therapeutique (Progress Medical, Jan. 1) demonstrated the utility of seltzer water siphons for washing the mouth. Any desired medication could be applied in this way.

ANTIPYRIN FOR NURSING WOMEN.

As the number of drugs which pass over into the breast milk of nursing women is comparatively limited, every new addition to the list is of therapeutical importance for guidance as to remedies which may be safely administered during the period of lactation. Fieux (Bulletin Medicale, Sept. 5, 1897) has investigated the action of antipyrin in this respect and finds that this preparation appears unchanged in the milk, especially when administered in large doses (30 to 60 grains), in from five to eight hours after administration, the maximum period for elimination being 18 hours. The amount of antipyrin thus eliminated is exceedingly small, less than 50 parts to the thousand; it does not affect in any way the quality or the amount of the secretion, and the ingestion of such milk does no apparent injury to the neonatus. L.F.

DRUGS WHICH MAY OR MAY NOT BE PRESCRIBED DURING PREGNANCY.

Boissard (Journal des Praticiens, Aug. 28, 1897) states that drugs having an ecbolic action are always to be avoided, except in cases of contracted pelvis, where it is thought necessary to interrupt the utero-gestation. Quinine, sodium salicylate, narcotic, analgesic and anesthetic remedies may be employed when indicated without injury. Mercury finds its application in known specific cases, and purgatives during the whole course of pregnancy

should be administered without fear of producing untoward or dangerous results.

L. F.

AGE OF PARENTS AND ITS IN-FLUENCE ON THEIR PROG-ENY.

Jarosie has brought an interesting subject under the notice of the director of the Hungarian Statistics Bureau, wherein he argues, from 24,000 carefully investigated cases, that the offsprings of a parent between 20 and 25 years are likely to be weak and feeble, but between 25 The mother and 45 years, strong. has most robust children between More healthy children 25 and 35. are born when the mother is ten years younger than the father—10 per cent. more favorable than when about the same age. L. F.

OVER-FEEDING OF INFANTS.

The great principle at the bottom of all successful feeding, viz., that an infant is nourished in proportion to his power of digesting the food with which he is supplied, and not in proportion to the quantity of nutritious material he may be induced to swallow, is so obviously true that an apology might almost seem to be required for stating so self-evident a fact; but experience shows that this simple truth is one which in practice is constantly lost sight of. That that infant thrives best who is most largely fed is an article of faith so firmly settled in the minds of most persons that it is very difficult indeed to persuade them to the contrary. To them wasting in an infant suggests the need of a large supply of food; in every cry means hunger and must be quieted by additional food. L. F.

-Archives of Pediatrics.

THE ELIMINATION OF TOXINES IN ECLAMPSIA.

In regard to eclampsia Barre, of Paris, not only makes transfusion of salt solution, but performs venesection as well at the same time. This is done to lessen the toxines in the blood, in septic conditions, in anemic convulsions, in scarlatina, etc. He holds that in the elimination of poisons from the system by the kidneys venesection stands second in importance.

-Canadian Practitioner.

TURPENTINE AS A REMEDY FOR CHILDREN.

In seeking for new things we frequently overlook old and true friends. Turpentine is undoubtedly one of the best remedies in the materia medica, and it is of special value in the diseases of children. It is a good stimulant, an intestinal antiseptic, an excellent worm killer and a helper of secretion and excretion.

As a preventive of nephritic complications it is excellent in scarlet fever in doses of from 10 to 20 drops two to four times daily. We all know its value in typhoid fever and other enteric troubles as a reliever of tympanites. It is one of the best anti-hemorrhagic remedies on the list, whether the case be one of epistaxis or what not.

L. F.





TREATMENT OF POST-PARTUM HEMORRHAGE BY A PYRA-MIDAL ABDOMINAL BAND-AGE.

Enrico Sava has met with a grave case of post-partum hemorrhage from inertia of the uterus, in which after various measures had tried without result the bleeding was successfully arrested by bandaging the abdomen. After all the clots have been expressed from the cavity of the uterus the fundus is drawn over to the front and made to rest upon the symphysis pubis in such a fashion that its posterior surface looks directly upwards. Then a bandage is passed tightly round the abdomen immediately above this level, so as to keep the uterus in this position of forced anteversion. The idea was suggested to Sava by what naturally occurs to the uterus in abortion. He thinks the method is to be preferred to packing the uterus and vagina, etc. It is simple, and can be carried out by the midwife or nurse. It stimulates the external. not the internal, surface of uterus. The danger of concealed internal hemorrhage is avoided, and the risk of puerperal infection is greatly lessened. Further it produces a kind of auto-transfusion, a large quantity of blood being sent to the nervous centres.

-Archivio di Ostetricia, etc., May, '98.

Furst has found protargol to be the safest and best application in the treatment of gonorrhea in women. By it a cure can be effected with considerable certainty in three weeks. For therapeutic purposes cases may be divided into two groups, (1) those in which the parts below the external os alone, (2) those

in which the parts above—namely, the cervical canal and the endometrium, and occasionally the tubes, are involved. Simply gonorrheal vaginitis is rare, and is usually secondary to either descending or ascending infection. Hence it is of the greatest importance in every case of cervical gonorrhea to treat the endometrium at the same time, even if still healthy, in order to prevent its secondary infection. A thorough treatment of the endometrium is now possible without fear of doing more harm than good, since protargol is not irritating. A. In the second group of cases the author's method is as follows: (1) The vulva and vagina are cleaned and disinfected, (2) the cervix is gently pulled down, and when necessary the internal os enlarged with dilators, (3) the uterus is washed out with sterile tepid water, (4) then with at least 3½ pints of a ½ per cent. protargol solution; next, if this produces no irritation, with (5) a 1 per cent. solution; (6) the vagina is dried with sterile cotton wool, and a 5 per cent. protargol bougie passed into the cervical canal, and kept in place with a tampon; (7) after 15 minutes, when the bougie will have melted, the tampon is removed, the vagina dried with wool, and a 10 per cent. protargol-glycerine tampon introduced; (8) after 24 hours the same process is repeated, and every day for five to seven days, only the protargol solution is strengthened gradually to 2 1-2 per cent., and the bougies to 10 per cent. The woman should keep in bed for the first week of treatment; (9) although at the end of this time no gonococci can be found it is necessary to repeat the process every other day during the second week; on the alternate

days astringent solutions (2.1-2 per cent. bismuth subnitrate with glycerine and water), and bougies of boro-phenol-alum 1 per cent. are used, though the tampon is still of protargol glycerine; (10) during the third week astringents alone are employed (a daily injection of the bismuth with one alum bougie and tampons of glycerine of tannin); (11) the cure is thus completed in three weeks, but it is well for the woman to continue the injections herself for a time. Relapses take place practically only when reinfections occurs from gonorrheal salpingitis, against which of course the protargol treatment is powerless. In eight out of every ten cases of virulent discharge the primary site is the cervix and uterus, and the above treatment applies. B. In the few remaining cases where a gonorrheal vaginitis is primary its site is in the lower third near the vulva. Here treatment is much simpler. (1) Any desquamated mucosa is touched with lunar caustic; (2) injections of 5 per cent. protargol solution and tampons of 10 per cent. glycerine of protargol; (3) later the treatment is astringent. Of course in these cases any vulvitis, Bartholinitis or urethritis must be treated also. The author always washes out the bladder, as a prophylactic measure, with 1 per cent. protargol solution, or if cystitis is already present with 2 1-2 per cent., and leaves a 5 per cent. protargol bougie in the urethra, which is one of the commonest places from which relapses start.

-Therap. Monatshefte, April, '98.

MANUAL DETACHMENT OF PLACENTA.

Littauer, in the course of a discussion on the subject at Leipzig, gave an instructive demonstration of the local midwives' returns. According to the tables, including 10,978 labors. the placenta was extracted by artificial means in 159, excluding cases where mere expression or extraction of the placenta was undertaken, there remain 59, or just a hundred under the total, where the placenta was detached by the hand from

its uterine connections. On closer analysis the ratio obtained by Littauer, who eliminated all placenta praevias, was one manual ment in 161 labors at term and premature, or one in 186 labors at, or close upon, term. He thinks this latter ratio excessive. Honck at Hamburg (1890-94) found that one in 365 was enough in a well-ordered external maternity department. Littauer found out that some practitioners were too fond of the practice, one accounting for six, one for five and one for four of the cases in the tables: two of the 59 manual detachment cases died, one within seven hours of hemorrhage, though whether there was flooding before separation of the placenta is not stated, and one of syncope apparently, as the patient had morbus cordis. Yet the remaining 57 did not suffer proportionately from any of the complications of the puerperium, and only one had a serious sequelae, phlebitis, which did not end fatally.

-Centralkl. f. Gynak., No. 20, 1898.

EMBRYONIC FIBROID CAUSING UTERUS DUPLEX.

Pick recently demonstrated two cases of uterus duplex where a myoma had developed in fetal life so as to get in the way of Muller's ducts and prevent the union of their lower segments. The arrangements of the plicae in the cervix seemed to support this theory.

-Monats, f. Geburts, u. Gynak., October, 1897.

SKEPTICAL.

One reason why doctors are skeptics in matters of religion is that "if you go to church you see another dear sister who gets shouting happy at each protracted meeting. know her last abortion was produced with a crochet-hook. You know you presented your bill; she did not pay it. She doesn't like you now. She employs another doctor and shouts louder than ever."
—American Journal of Surgery and

Gynecology.

ENDOCARDITIS ULCERATIVE ANTISTA-TREATED WITH PHYLOCOCCUS SERUM.

Moritz has been the first to treat a case of malignant endocarditis successfully with antistaphylococcus serum. Considering the high death rate in this disease (80 per cent.), which would be probably still higher if other forms of endocarditis could be excluded always, he thinks one case of recovery by the new treatment worth publishing. A man aged 22, who had never had rheumatic fever or syphilis, became ill at Christmas and was admitted to hospital on January 22. A diagnosis of acute endocarditis was made, complicated by a metastatic right iridochoroid-Great care was taken to exitis. clude other diseases, such as typhoid fever. Widal's reaction was absent from the serum, and the diazo from the urine. In case the diséase should prove to be a fresh infection grafted on an old valvular disease, he was treated at first for rheumatic endo-Though the eve trouble was cured by February 20 with scopolamin hydrobromide and compresses, his general condition in spite of the above treatment grew steadily worse. The liver and spleen enlarged, and anorexia, epistaxis, a rash and other grave symptoms arose. It was then decided to try injections of serum. It was hard to decide, however, which of the many bacteria capable of giving rise to ulcerative endocarditis were present in this case. The man had had gonorrhea and cystitis, which, however, had been cured eight months before this illness, and no gonococci could be discovered. Practically the decision between staphylococci streptococci. As the author had had a very similar case before (with the same sort of musical murmur), where staphylococcus albus et aureus were found post-mortem, he decided to try antistaphylococcus serum prepared at the Imperial Institute for Experimental Medicine of St. Petersburg, and the first injection was made on February 25. Briefly, the result of six injections of 5 c. cm. each of this serum was to do away with all acute symptoms, and by March 11 the temperature was normal. There remained, however, a mitral regurgitant murmur, which was no longer musical, slight enlargement of the right heart, and an abnormally frequent pulse when he left the hospital on March 25. Whether his cure was permanent is still uncertain, but he had kept well when last heard of six weeks later. After the second injection there was a metastatic inflammation in the right calf, and after the sixth in the left ankle, which were eventually absorbed without suppuration. Moritz thinks these go to prove that the serum acted directly on the diseased valves, since if the cicatrizing process in these were stimulated, particles of vegetations would be more than usually likely to be cast off and to form emboli.

-Pamphlet, Zur Serumtherapie bei Endocarditis maligna, St. Petersburg, 1898. A. Wienecke.

ANTIPYRIN ERUPTIONS.

W. Wechselmann emphasizes the difficulty sometimes experienced in recognizing the antipyrin rash. may spread universally over the body or be limited to more or less definite areas. In the latter case the parts about the mouth, anus, evelids, the extremities, especially the backs and palms of the hands, the fingers and toes are most often affected. When limited in this way it may be attrib-uted to syphilis. The rash consists of raised, well-defined red spots, round or oval in shape, upon which vesicles quickly appear. Healing takes place with a laminated desquamation or crust formation, and pigmentation frequently remains behind. The diagnosis is often more difficult by the patient denying that it can be due to the use of any drug. The rash frequently does not appear after the first dose, but only after the antipyrin has been taken for some time, so that the patient hardly believes it possible that it is due to The author gives details the drug. He says of five illustrative cases. that the rash is not often seen as the use or misuse of antipyrin would lead one to expect. The size of the dose has little effect in producing it. The pigmentation is due to the rapid recurrence of the rash in the same part. Perhaps the drug is here excreted by the sweat glands and salivary glands rather than by the kidneys. In some investigations the presence of antipyrin in the urine could not be established.

-Deut. med. Woch., May 26, '98.

THE ACTIVE CONSTITUENTS
OF COD-LIVER OIL IN CHRONIC ADENITIS WITH OTORRHEA.

There has been considerable discussion of late years concerning the efficiency of preparations concerning the active constituents of codliver oil in elixirs and wines. Dr. William C. Boteler, of Washington, D. C., relates a case (St. Louis Medical Era, April, 1898) of great interest in this connection. The patient, Mr. C., is stenographer to one of President McKinley's secretaries. He came to the doctor for relief from "an annoying discharge from his left ear."

His previous history was as follows: For several years he had marked enlargement of the lymphatic glands of the neck, involving the mastoid, parotid, submaxillary and superficial cervical groups of each side; he had submitted to excision of the tumors as they occurred, and at the same time stated there was no marked enlargement. There were no constitutional symptoms; there had been no suppuration, there was no fever, there were no hypertrophied tonsils nor adenoids in the nasopharynx; the teeth were in good condition; there was no involvement of the axillary or inguinal lymphatics; there had been no caseation, and fibrous tissue seemingly predominated.

The history of the case had shown marked excerbations; the tumors had reached usually the size of a butternut when they were excised. The patient's general nutrition was fair.

About five months before he had noticed a wasting of serous liquid from the ear; it followed an operation for the removal of an enlarged

gland.

The patient was placed at once upon cordial cod-liver oil (Hagee) internally, a tablespoonful three times a day. Antiseptic solutions of bichloride of mercury, 1 to 2000, were instilled into the ear warm after syringing daily for ten days. At the end of this time the patient announced his ear well. Examinations showed a small perforation of the ear drum, which soon closed after the use of a solution of argenti nit. grs. x to one ounce.

The patient was instructed to continue the use of the cordial above, which was done with some irregularity to February 1. He has now no loss of hearing, no further discharge from the ear; he has gained about ten pounds in fiesh; his cervical glands are nearly normal; he feels very considerably improved.

An interesting feature in this case is to decide whether the suppuration from the middle ear was "a coincidence," or whether it was due to a breaking down or caseation of a minute lymphatic gland therein, and, if it was the latter, what group or gland was so involved. The alterative effect of the cod-liver oil was very marked in this case and deserves special notice.





It is a fact which is now generally recognized by surgeons that intestinal paralysis or obstruction may become a source of septic infection after abdominal sections that have been done under the usual asentic precautions. Many surgeons have in recent years laid stress upon the advisability of securing an evacuation of the bowel by enemata or purgatives soon after the operation. But the priority of devising, not a new, but an imperfectly recognized and systematized treatment, with a view of preventing sepsis due to paralysis of the bowel, is claimed by Dr. Henry T. Byford, of Chicago. In a paper, read before the Illinois State Medical Association, May 18, 1898*, entitled "An Improvement in the Technique of the After Treatment of Peritoneal Section," he calls attention to the, we believe, also familiar fact, that ordinarily the peritoneum can take care of the small amount of septic material which may enter its cavity, but when the intestines are paralyzed a slight and otherwise harmless infection not only has a chance to develop, but sepsis may finally be produced by auto infection, i. e., through the stretched intestinal walls. In using, in this connection, the word auto-infection, we are aware that, strictly speaking, it is a misnomer, but since it is conventionally applied to the mentioned condition it may as well be retained in medical nomenclature as other misnomers, like the designation "laparotomy," or barbarisms, from a philological standpoint, like the word "appendicitis."

In the above cited article Byford very pertinently remarks that in cases operated upon before the development of the aseptic technique,

as it is practiced to-day, the septic infection was so prominent a factor that it could be considered as the cause of the paralysis or obstruction of the bowel. But since septic influences have been largely excluded from the operating room, it has been the author's observation that the intestinal paralysis or obstruction has come to be more often the cause of the fatal sepsis, either wholly or in part. Byford attributes the bad results following prolonged exposure, repeated handling, or eventration of the intestines to intestinal paralysis and obstruction. Such patients rapidly improve and nearly always get well when flatus can be made to pass freely per rectum, and he found that this could almost invariably be accomplished even in the most unpromising cases if the attempts at it were begun early enough. The author claims that usually efforts to move the bowels are either begun too late or not employed with systematic thoroughness, and do not with any regularity prevent deaths of the kind under consideration. The method of production of intestinal paralysis and obstruction the author explains by the fact that the exposure of the peritoneum to air, the handling of the viscera, the production of raw surfaces, and the leaving of dead matter, such as bloody oozing or debris, are followed by intestinal adhesions in from 12 to 36 hours. If the intestinal coils have been displaced the adhesions produce more or less intestinal paralysis and sometimes complete obstruction. The author has adopted a systematized treatment for the prevention of these occurrences with satisfactory results. "The day before a peritoneal section, the patient is dieted and purged sufficiently to reduce the gaseous distension of the intestinal coils, to the end that they may be kept out of

^{*}American Journal of Obstetrics, July, 1898.

the way during the operation. vaginal sections, and in abdominal sections for large tumors, the intestines are not so liable to be in the way as in abdominal sections upon small pelvic growths or diseased organs. In the latter class of cases it is tried to produce six or eight large stools the day before the operation is performed. Patients of relaxed fiber receive full doses of strychnine from the time they are seen. Two hours before the time set for the operation a mild but efficient cathartic is given, such as two teaspoonfuls of the fluid extract of cascara. As soon as the patient awakes from the anesthetic a drachm of sulphate of magnesia in an ounce of water, or an equivalent dose of some mineral water, or an ounce and a half of the liquid citrate of magnesia, is given every hour and repeated immediately whenever vomited. About six hours after the operation is completed a stimulating enema is given, consisting usually of two ounces of glycerin and four of water, or from half to a drachm of inspissated oxgall in half of a pint of water (without glycerin) is thrown into the upper rectum and repeated every two or three hours until flatus passes freely between enemas. When this occurs the saline is also stopped, but not until then. In trying to start the passage of gas most surgeons think it enough if gas and feces come with the enema. But this is not sufficient. The treatment must be continued until flatus passes freely between enemas; and if it ceases to pass occasionally after the enemas have been discontinued, then another should be given. If the operation has been a simple one, the salines and enemas are administered a little later, not to prevent serious results, but because the patient is usually very uncomfortable until flatus passes freely, and is nearly always perfectly comfortable after it. It enables the surgeon to do without morphine. On the other hand, if raw intestinal surfaces are left after a difficult operation, the author sometimes gives a high glycerin enema before the patient is taken from the operating table.

-Med. Review.

TREASURY DEPARTMENT.
Office of the Secretary, Washington,

D. C., June 13, 1898.

The Secretary of the Treasury invites subscriptions from the people of the United States for \$200,000,000 of the bonds of the 3 per cent. loan authorized by the act of Congress to provide ways and means to meet war expenditures. Subscriptions will be received at par for a period of 32 days, the subscription being open from this date to 3 o'clock P. M. on the 14th day of July, 1898. bonds will be issued in both coupon and registered form, the coupon bonds in denominations of \$20, \$100, \$500 and \$1000, and the registered bonds in denominations of \$20, \$100, \$500, \$1,000, \$5,000 and \$10,000. They will be dated August 1, 1898, and by their terms will be redeemable in coin at the pleasure of the United States after ten years from the date of their issue, and due and payable August 1, 1918.

The bonds will bear interest at the rate of 3 per cent. per annum, payable quarterly; the interest on the coupon bonds will be paid by means of coupons, to be detached from the bonds as the interest becomes due, and the interest on the registered bonds will be paid by checks drawn to the order of the payees, and mailed

to their addresses.

The law authorizing this issue of bonds provides that in allotting said bonds the several subscriptions of individuals shall be first accepted, and the subscriptions of the lowest amounts shall be first allotted. In accordance with that provision allotments to all individual subscribers will be made before any bonds will be allotted to other than indi-All individual subscripviduals. tions for \$500 or less will be allotted in full as they are received, and such subscriptions must be paid in full at the time the subscription is made. If the total sum subscribed for in amounts of \$500 or less should exceed \$200,000,000 the allotments will be made according to the priority of the receipt of the subscriptions.

Allotments on subscriptions for over \$500 will not be made until after the subscription closes, July 14, and will then be made inversely according to the size of the subscription, the smallest subscription being first allotted, then the next in size next, and so on, preference being given to individual subscriptions. Persons subscribing for more than \$500 must send in cash or certified checks to the amount of 2 per cent, of the sum subscribed for, such deposit to constitue partial payment, and to be forfeited to the United States in the event of failure on the subscriber's part to make full payment for his subscription, according to the terms of the circular. Allotments to subscribers for more than \$500 will be made as soon as possible after the

subscription closes.

In order to avoid too rapid absorption of funds into the Treasury, with a possible consequent evil effect on industry and commerce, any subscriber for more than \$500 will be permitted to take his allotment of bonds in installments of 20 per cent., taking the first installment within 10 days after notice of the allotment, and the balance at four equal periods of 40 days each, in four installments, each of 20 per cent, of the bonds al-Delivery of bonds will be lotted. made in installments as payment for them is received, and payment must in all cases be made in full as the bonds are taken. The 2 per cent. deposit will apply on the final installment. Any subscriber may pay for the whole amount alloted him within ten days from the date of the notice of his allotment. Interest will be adjusted from the time of the actual payment, whether paid in one sum or in installments as permitted. Separate subscriptions from one individual, although made from time to time, will be aggregated and considered as one subscription for this issue of bonds.

The Secretary of the Treasury will receive in payment for the bonds post office money orders payable at Washington, D. C., and checks, bank drafts and express money orders, collectible in the cities of New York, Boston, Philadelphia, Baltimore, Washington, Cincinnati, Chicago, St. Louis, New Orleans and San Francisco. All money orders and bank drafts must be drawn in favor of the Treasurer of the United States.

The money orders and banks checks so received will be forwarded for collection by the Department, and as soon as returns are obtained the subscriber will be credited with the amount of his subscription as of the date of collection. The Secretary will also receive in payment for the bonds, certificates of deposit issued by the Assistant Treasurers of the United States in the above-named cities. These certificates of deposit may be obtained from any Assistant Treasurer in exchange for gold coin, gold certificates, standard silver dollars, silver certificates, United States notes, Treasury notes of 1890, and national bank notes, and the subscriber will be credited with the amount of his subscription as of the date of the certificate of deposit. The Secretary will also receive currency sent by registered mail or by express direct to the Treasury Department.

For the mutual convenience of the subscribers and the department a blank form of letter to accompany remittances has been prepared, and it may be obtained at the offices of National and State banks generally, at the several sub-treasuries of the United States, at any money order post office, and at any express office.

The bonds will be dated August 1, 1898, and they will be forwarded to subscribers at the address designated by them free of expense for transportation as soon after that date as possible. The bonds will be accompanied by a check for the amount of interest due the subscriber at the rate of 3 per cent. from the date of his payment to August 1, 1898.

All remittances and other communications relative to this loan should be addressed to the Secretary of the Treasury, Division of Loans and Cur-

rency, Washington, D. C.

All subscriptions must be received at the Treasury Department, Washington, D. C., not later than 3 o'clock P. M., Thursday, July 14, 1898. No subscriptions received after that date and hour will be considered.

L. J. GAGE, Secretary.

Over 1200 physicians have offered their services to Surgeon General Sternberg to serve in the war. No medical appointments are made in the regular army of any person over 29 years of age. All must be graduates of medicine and must pass an examination as to competence before the army Medical Examining Board.

URIC ACID AND DISEASE.

In late years much has been written concerning the significance of uric acid in the causation of various diseases, and there is reason to believe that the accumulation of this substance in the body is responsible for a long train of symptoms formerly attributed to other causes. Sometimes the joints suffer most severely from the injurious action of uric acid, as in articular gout. Sometimes the kidneys are chiefly attacked, with the production of intestinal fibrous changes and uratic deposits. In still other cases the manifestations of the uric acid diathesis are most pronounced in the nervous system, the most frequent result being a neurasthenic state. In treating these various morbid conditions the logical plan is to rid the organism of the accumulated uric acid as rapidly as possible before it can work further mischief. The best means of accomplishing this is to flush out the sewers of the system by directing the patient to drink an abundance of water, and at the same time to administer some remedy which will increase the solubility of uric acid and thus facilitate its elimination. This can be done most thoroughly and pleasantly by the administration of lycetol, which exerts a specific influence upon uric acid, rendering it more soluble and promoting its excretion in the urine. The average dose is 15 grains daily, which is best given in a carbonated mineral water, or in the form of the lycetol gout water. While the first aim of treatment, therefore, is to increase uric acid elimination, it is also necessary to investigate the factors concerned in its excessive formation, and, if possible, secure their removal.

BACK NUMBERS.

Carron oil, iodoform and picric acid are back numbers in the treatment of burns. Carron oil possesses no antiseptic qualities whatever, while iodoform, owing to its strong toxic effects and odor, is very objectionable to the patient, and in some cases dangerous to use.

In regard to treating burns with picric acid, its advantages are, staining of the hands and bed clothes, and its utter uselessness in allaying the inflammation or assisting in granulation. Then, again, Walther in the Gazette Hebron de Medicine et de Chirurgical, reports a case of two children he treated for burns with compresses of picric acid in which there was much pain, severe smarting and vomiting. A second application was made, with the same result, and this mode of dressing had to be discontinued.

to be discontinued.

In Unguentine we have a thoroughly antiseptic, healing and restorative dressing, non-toxic, inodorous and clean. It readily subdues inflammation and assists in granulation, and was used in the hospital barracks at Key West, Fla., where the wounded soldiers of the Maine were taken for treatment from Hayana.



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THE CLIMATIC TREATMENT OF PULMONARY TUBERCULOSIS.

J. J. MORRISSEY, A. M., M. D.,

Visiting Physician to St. Joseph's Hospital.

In the treatment of pulmonary tuberculosis there is no factor that should cause more anxiety to the attending physician than the consideration of the selection of a suitable climatic environment. Unfortunately, in the majority of cases we are not confronted with this important question until after our therapeutic resources have been exhausted and the constitutional disturbances have been so intensified by the rapid development of the disease that nothing can be accomplished by sending a patient a thousand miles from home.

It is my firm belief that in many of those patients death is hastened by the fatigue of a long railroad journey, the discomforts and inconveniences of an ordinary boarding house and the loss of what is the very "breath of life" to consumptives, namely sympathy and encouragement. Buoyed up with the hope of a rapid improvement they undertake to entirely change their mode of life, and when after a few weeks they fail to find themselves regaining lost ground the reaction of depression takes possession of them and their exhausted vitality quickly succumbs to nostalgia.

In many cases the physician is

to be censured for this condition of affairs. He is constantly harassed by the patient and his friends seeking for new methods of cure, and, unable to withstand the pressure he reluctantly consents to the deportation of the consumptive, fully recognizing that such a course is hastening the fatal termination.

It is his duty to manfully resist when he knows that home with all the word includes offers a rational basis of comfort than a long journey to the West or South. do not give due importance to the question of acclimatization after the patient has reached the end of his Tired and exhausted as he is apt to be his vital forces have added responsibility imposed upon them, namely their readjustment to their surroundings, and the lack of harmony thus engendered demands an added amount of expenditure of an already exhausted If he does not possess a system. sufficient amount of reserve force to combat successfully these renewed demands, the change will be prejudicial, and result in a far more rapid deterioration of his lungs than if he had remained at home.

Our advice is often requested as ' to climatic changes in three classes

of consumptives: (1) In those who are afflicted with incipient tuberculosis, where there has been no rapid encroachment of the pulmonary tissue and but slight constitutional disturbance; (2) where the disease has involved a considerable amount of lung surface, but the systemic forces remain in fair condition, and (3) where there is great deterioration of the lungs, accompanied with systemic poisoning, evidenced the presence of an irritable heart, elevated temperature, diarrheal disorders, insomnia, fruitless night sweats, anorexia; in a word, the manifestations of an absolute invasion of the system by some powerful toxine.

Frequently in the first class we find slight indications of pulmonary disease, accompanied by many of the more prominent symptoms enumerated in the third category, such as diarrhea, weak cardiac action and anorexia. The progress of these cases, unless speedily checked, is inevitably downward. To me it would appear from a large experience in tuberculosis as if there was a stage in the development of tubercular lesions, when the systemic forces are undermined, with but few, if any, pulmonary manifestations, or, in other words, that tuberculosis may sap the vitality of the attacked without demonstrating its presence in the lungs—the soil must first be prepared for the bacillus to sow its seed, using the words, of course, with a metaphorical and not a literal signification. It may be affirmclass of cases ed in this changes infinitesimal in character are taking place in the lung tissue not discoverable by ordinary methods of diagnosis, and while this remains to be proven it is safe to affirm that in many patients there does exist a tuberculous invasion from which the lung tissue is secure for a time at least.

For the amelioration of the condition of these patients climatic conditions are excellent, aided by judicious medicinal remedies, and at times the latter, unaided by the former, will accomplish effective work. To build up the physical forces of the individual, to surround him with

atmospheric influences compatible with his lowered vitality, to adopt a system of nourishment concentrated in character and easily digested, demanding but little expenditure of energy on the part of the stomach—these will do more than climate or medicine. With these patients the maintenance of the integrity of the alimentary functions is of prime importance, and if the assimilative organs properly fulfill their responsibilities a favorable prognosis may be given. It is not medicine they require, but nutriment: it is not the lungs that demand medication, but the stomach. The patient who can digest may entertain every hope of being able to eradicate the disease.

A mistake frequently made by practitioners is in treating all consumptives alike, while it may be safely said that there is no disease in which the lines of treatment should be more sharply drawn than in incipient tuberculosis. Each patient is a law unto himself, requiring minute and careful study to appreciate the differences in resisting power, in reserved vitality, and these individual differences which accompany the physical progress of

the disease.

In the second class of cases, where the disease has advanced beyond the limitations which characterize the first enumeration, and where there is more systemic disturbance, the same precautions advocated for incipient tuberculosis should be adopted, with the addition of treatment. In these patients mate is of first importance, for the constant drains upon their strength, the weakened digestive capacity, the accelerated pulse, the anorexia, the elevated temperature, are all indications of rapidly deteriorating forces, unable to withstand much longer the further progress of the disease. Are , we then to send such patients on long journeys of a thousand or two thousand miles, where they arrive completely exhausted, and where in this condition the tonic influences of their environment have a most prejudicial effect? It would be the height of folly to adopt such a course, and yet how frequently is it done? If

a change is to be made it should be by gradual changes and after all the good that can possibly be accomplished has been extracted from their usual surroundings. To send a patient from the moist Atlantic seaboard to the altitude climate of the Rocky Mountains without successive gradations in his journey is suicidal. Some require sedation, others stimulation, while a third class may demand both methods of treatment.

If the appetite is poor, the heart's action accelerated, with a considerable elevation of temperature, and yet fair digestive power, an inland resort will be more beneficial; if, on the other hand, there is more involvement of the general system than of the lungs, other things being equal, the tonic, stimulating atmosphere of Colorado will be found beneficial.

The prognosis in those cases where there is a considerable amount of pulmonary tissue invaded, but where the heart's action is forceful and regular and digestion unimpaired, is much more favorable than where there is a slight amount of lung involved with a weak heart and considerable incapacity on the part of the intestinal organs to properly perform their functions.

There is but little hope for the third class of cases, and yet how frequently do its members travel far from home to find the progress of the disease accelerated, even if they do not, as has been the fate of many,

die on the journey.

There is generally to be found a disseminated tuberculosis of the organs below the diaphragm, as well as those above that muscle, and it is interesting to see on autopsy the large amount of peritoneal invasion existing without complaint on the

part of the patient.

The history of the climatic treatment of tuberculosis has yet to be written. In the past decade our views have been materially changed, and the main object of the physician now is to seek some place not so far distant as to be inaccessible to the patient's friends, and yet to be suitable for the successful treatment of the disease. It is a peculiar fact,

but nevertheless true, that many of those afflicted with pulmonary tuberculosis and living in the country do far better in a city environment where the conditions of life are entirely different, while the town dweller finds the best climatic conditions among the hills. Numerous cases could be cited to prove the truth of the foregoing assertions. It is well-known that there are many consumptives born in about Asheville, who have to seek improvement amid other surroundings, while as a matter of personal observation I have seen rapid improvement take place here in New York in patients coming from other parts of the country.

Temperament, diathesis, individual peculiarities, the potentiality of the stock whence the patient has sprung, the rapid or slow development of the disease, are among the numerous factors that must be considered. It is vastly more important to treat the patient than the disease. Our attention has been too exclusively devoted to the cultivation of substances which will destroy micro-organisms, to the neglect of the patient. The bacillus tubercle may be found in the throat and lungs of thousands of healthy people without the slightest manifestation of an inflammatory exudate; its development assumes the character of a pathological process only after the vitality of the pulmonary cells has been impaired.

Our treatment should not then be directed entirely to the destruction of the tubercle bacilli but to the restoration of the vital energy of the pulmonary cells. This cannot be accomplished by serum injections no matter how powerful, and is an indication of the absolute futility of modern therapeutic medication dealing with this terrible disease. We may destroy the bacilli, but the exudation products in the alveolar walls and their cavities filled with epithelial elements still remain, a permanent establishment for the propagation of new faci, around which the diseased processes will cluster, and from which will radiate new lines of infection.

-2052 Madison ave., New York.

CLINICAL EXPERIENCE WITH ANTISTREPTOCOCCUS SERUM.

(Read before the Section of Pediatrics of the New York Academy of Medicine, May 12, 1898.)

BY LOUIS FISCHER, M. D., New York City.

When the treatment of diphtheria with Anti-Toxine became generalized great hopes were entertained by the profession upon the announcement of a similar discovery with Marmorek's Antistreptococcus Serum.

This announcement came from the Pasteur Institute, at Paris. It was first recommended as a specific in the treatment of all diseases caused by streptococcus, and therefore was urged as a specific in the treatment of scarlet fever. It was also furthermore recommended as a specific in erysipelas, and also in the treatment of puerperal septicaemia. In fact, all septic conditions caused by postmortem wounds were also to be similarly treated.

Thus, we have had occasion to see just what this serum can accomplish.

My first experience with this Marmorek's Serum I owe to the courtesy of Professor A. Baginsky. It was in the summer of '96 that I watched with great interest a series of cases of scarlet fever treated by the antistreptococcus serum in the Scarlet Fever Pavilion, which is part of the Kaiser and Kaiser Frederich Children's Hospital, at Berlin.

The treatment pursued consisted in subjecting a series of cases of mild, severe and malignant scarlet fever to the therapeutic influence of this serum, and by noting the results night and day. Owing to the large number of assistants at the disposal of Professor Baginsky, in addition to the laboratory facilities, all details were handled in a masterly manner. Some cases received injections of 10, 20 and some as much as 70 and 80 c. c. during each treatment.

Recognizing the value of Professor Baginsky's advice in the treatment of diphtheria I naturally was

anxious to note his results in the treatment by this new therapeutic agent. He cautioned me not to use the serum for the present, and said to me that it is not a specific in the treatment of scarlet fever in the sense that Anti-Toxine is advised in the specific treatment of diphtheria.

In his text book on diseases of children, fifth edition, published in Berlin, 1896, in his article on scarlet fever he distinctly says that "he believes it does no harm."

This is now the second year since I have tried the value of this Antistreptococcus Serum in various diseases.

SCARLET FEVER.

A. Z., three and a half years old, had been sick with scarlet fever for about one week when we took charge of the case, on April 13, 1897. When the child was first seen it had a temperature of 102.5, pulse 140, soft, weak and intermittent. mouth and pharynx were filled with dry, grayish, fetid membranes. There was a purulent nasal discharge and excoriation around the alae nasi, besides a mild bronchitis. The child was extremely constipated, had anorexia, was intensely thirsty. There had been a history of previous vomiting. The child was extremely restless and the face showed a decided condition of sepsis, being pale, eyes sunken, nose pointed, furrows round the eyes deeply marked, and a sickening odor emanated from the child's body. The child was put on calomel powders, which produced some very vile smelling evacuations. Large quantities of brandy and milk and seltzer were also given, and diffusible stimulants, like carbonate of ammonia, were ordered. As the temperature rose and there was evidence of delirium, cooling baths were ordered, which seemed to have a tonic effect.

On the 17th the child received an injection of .0 c. c. of Antistreptococcus Serum, and noticing no distinct change in the child's condition the same dose was repeated on the The child showed no signs of improvement, the temperature was somewhat reduced, but the general condition was certainly not improved.

On the 30th exitus lethalis.

The above case was attended by Emil Joel, M. D., from whom I received the above report, and was seen by me several times with him.

Another equally interesting case

is the following:

C. G., female, 6 years old, and seen by me on October 17, 1897. The mother told me that the child had been vomiting, and it had some diarrhea, the latter caused by a cathartic that she had given. child was covered with a rash, but had, according to the mother's history, been well until yesterday. She complained of headache and slight pain in the throat. Inquiry elicited the fact that a child in the same house had had scarlet fever several weeks ago, and that this patient under consideration had been exposed before the character of the disease was defined. Physical examination showed a well nourished child, pigeon-breasted, rachitic head and limbs, an otitis purulenta dextra, which the mother told me had existed for the last year since the child's attack of measles. The eruption covered the chest and limbs and was not plain on the back nor on the face. The pharynx and fauces were congested, but showed no patches; the tongue was slightly coated, but did not show the characteristic strawberry appearance usually found in these cases. temperature was 104 in the rectum at 9 A. M.; pulse 138. The urine, according to the mother's history, was passed freely. The diagnosis of scarlet fever had been made.

I requested permission to use the antistreptococcus serum. The child received 10 c. c. on the evening of the same day, which was injected subcutaneously between the shoulder blades about 5 P. M. The temperature at the time of the injection was 105.2 in the rectum; pulse 156. At 9 P. M. the temperature was 105 in the rectum; pulse 150. The child was still nauseating and intensely thirstv.

The following morning at 9 A. M., October 18, the temperature was 104. pulse 124, general condition the same, with the exception of diarrhea, which had subsided, the child having been put on a rice, barley and white of egg diet; no stimulants had been given. On the evening of the same day, at 6 P. M., the temperature rose to 104.8, pulse 146, no delirium, no evidence of sepsis.

October 19, 9 A. M., the child's condition seemed the same; eruption was more defined, covering the face, back, extremities and ab-The temperature in the domen.

evening again rose to 104.6.

October 20, the child's condition is bright, temperature 103.4, pulse 124, the throat intensely congested, two small necrotic patches can be seen on the left tonsil, a culture on blood serum showed staphylococci

and streptococci.

October 21, 9 A. M., the temperature being still 102.6, another injection of 10 c. c. of serum was given. I left my thermometer with instructions to take temperature. hours later (at 11.30 A. M.) I saw her; the temperature remained 102.6. On the evening of the same day I saw the child again. The temperature was 104, pulse 134.

October 22, temperature in the morning 101.3, pulse 118; 6 P. M. same day temperature was 102.6,

pulse 102.

October 23, 9 A. M., temperature 101, pulse 98; 6 P. M., temperature

100.6, pulse 90.

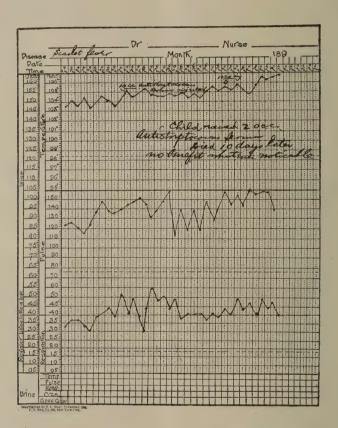
October 24, 9 A. M., temperature 100.4, pulse 94; 6 P. M., temperature 99.4, pulse 96.

THE ERUPTION.

During the course of the disease the eruption seemed to gradually spread, and remained at its height, covering the whole body, for three days, from the 19th until the 22d. It then began to fade, and on the 25th appeared like small erythematous patches scattered over isolated areas of the body. It seemed to me that in this case the eruption was not influenced by the injections used. The urine showed slight traces of albumen during the first week of the disease. During the second week the urine contained two pro mille of albumen, but showed no casts.

The child desquamated profusely; post-scarlatinal nephritis continued

Low reports a case of scarlet fever in which, on the fourth day, pain in the ear developed, followed within 24 hours by a discharge. Two days later there was evidence of mastoid suppuration, and when the antrum was opened a considerable amount of pus was discharged. This was followed by drowsiness, irregular temperature and some jaundice. A diagnosis of septicemia was made



for some time with edema of face, feet and hands. The urine was not very scanty, however. The child received some iron and

The child received some iron and decoction of cinchona bark, and made an uneventful recovery.

In the London Lancet, March 19, 1896, Harold Low reports a case of scarlet fever complicated with acute suppurative otitis media and acute hemorrhagic septicemia treated by Antistreptococcus Serum.

and injections of antistreptococcus serum were at once commenced. The patient's condition for a time grew worse, then improved, the jaundice disappeared, and finally recovery ensued. Before this was complete, however, the patient had several attacks of epistaxis and a severe purpuric eruption. A bouillon culture of the blood made before the commencement of the treatment showed the presence of the strep-

tococcus. Altogether 263 c.c. of serum were used.

In a series of 57 cases published by Professor A. Baginsky, in the Berlin Clin. Weekly of 1896, No. 16, nine cases terminated fatally.

All these nine cases must be excluded, as the treatment was not satisfactory, having been discontinued or otherwise; the other 48 cases are divided into several

groups.

In 27 of these cases the result was an exceptionally good one. In these 27 there were no complications encountered. In four of these latter cases after the injections of the serum there appeared a mild form of nephritis. In another case a suppurating form of otitis, and two other cases showed a severe angina and a severe, painful, glandulous swelling.

A point worth noting was the fact that after the injections, and within the next two or three days following, the temperature was suddenly reduced. The angina encountered terminated favorably in all of

his series.

Albuminuria was met but rarely, and in only one case could nephritis

be suspected.

The author warns against accepting too hasty deductions from his reported experiences with severe forms of nephritis, because he has found that these latter conditions occur less often in hospital practice than in his private cases. This he attributes to a strict milk diet and better hygienic conditions.

In another group of seven cases the author reports the lethal ending of the same, owing to various complications. The author believes that the serum might have been used in a much larger dose, and that possibly some benefit could have been

derived from the same.

In another series of cases, in spite of a large number of injections and a sufficient quantity of the same, there was no appreciable benefit, although all cases recovered.

In the other seven cases severe complications ensued, and the author believes he did not have enough of the remedy to give it in proper doses. In five other cases the serum was used to modify special complications. In one of these cases it did not seem to have any influence, and the child died. The four others recovered.

The mortality was 14.6. The mortality in the hospital has ranged in the last year from 22.6 per cent. to

34.3 per cent.

The author refers to the fact that the scarlet fever mortality is subject to periodical changes, and therefore does not show positive deductions to be drawn from the above quoted figures.

He does not, however, find the course of children treated with serum any worse than otherwise. The after effects were in no wise different from those noticed during the treatment of diphtheria with anti-toxine. He still continues the use of the same Marmorek's serum.

In the Medical Record, March 14, 1896, Dr. Berg, speaking of the treatment of pneumonia as a complication of diphtheria, describes at length the Antistreptococcus Serum, and its application to the various diseases known to be caused by these micro-organisms.

Dr. Alexander Marmorek (Annales de Pasteur, July, 1895) states the belief that different forms of streptococci are varieties of a single microbe. Thus Marmorek believes that Fehllsen's erysipelas streptococcus cannot only produce erysipelas, but when sufficiently virulent can produce meningitis, pneumonia, abseess, septicemia. It certainly depends upon the point of entry into the body as to what disease shall be produced, plus the degree of virulence contained in this streptococcus.

Berg, describing the method of producing the Antistreptococcus Serum, states the ideal serum will be that obtained from animals immunized against streptococci infinitely more virulent than any to the action of which man can by any possibility become subject.

We have thus far succeeded in producing an antistreptococcus serum, but not a streptococcus antitoxine, the animals having been immunized against the streptococcus

germ, and not against the toxin pro-

duced by the streptococcus.

The attempt has been made to immunize horses to the toxin produced by the streptococcus, but it is very difficult to obtain a toxin sufficiently virulent to be of any use in immun-

izing horses.

At the time of publishing his article Berg stated that the New York Health Department was engaged in the production of an Antistreptococcus Serum, and does not therefore report any clinical results with the same. I have learned, however, that since that time Dr. J. Winters Brannan and Dr. Berg have used this serum at the Willard Parker Hospital.

The following three cases I owe to the courtesy of Dr. Sig. Cohn, the first of which I had the pleasure of

seeing with him once.

A child, Rosie, 4 years old, was sick three to four days prior to Dr. Cohn's first visit. When he first examined the child he found a decided case of scarlet fever and angina necrotica.

Culture from this case sent to the New York Health Department showed K. L. B. and streptococci.

At the request of Dr. Cohn the Inspector of the Health Department injected the child with anti-toxine;

quantity unknown.

The child's temperature ranged from 104 to 105. The throat symptoms increased, and as the child's general condition did not improve the doctor decided to try an injection or 10 c.c. of Antistreptococcus Serum.

At this time I saw the child with Dr. Cohn. We secured a nurse and irrigated the nose with a solution of

boracic acid.

The child's temperature went down to 101 between two to three days after the injection of Antistreptococcus Serum. Several days later the child again grew worse, the temperature went higher, and Dr. Cohn gave another injection of 8 c. c. of Antistreptococcus Serum. This was followed by no improvement.

After the scarlatinal eruption faded a new eruption resembling measles, appeared three days following the second injection of Anti-

streptococcus Serum.

The urine, which was carefully examined, did not show any traces of albumen nor casts. The child died of heart failure and collapse.

The second child in this family was 5 years old, showed an eruption of scarlet fever and angina necrotica; also received an injection from the New York Health Department of diphtheria anti-toxine. As there was no improvement following this injection the child was also injected with 10 c. c. of Marmorek's Anti-streptococcus Serum. This was followed by no reaction, nor any decided improvement directly attributable to the serum. This child recovered.

The third child, a baby 1 year old, had a very mild scarlatinal eruption, did not show any angina. In fact, the throat appeared normal. child was not injected with Antistreptococcus Serum, and the case recovered very easily with no complications and no sequelae.

These children were attended

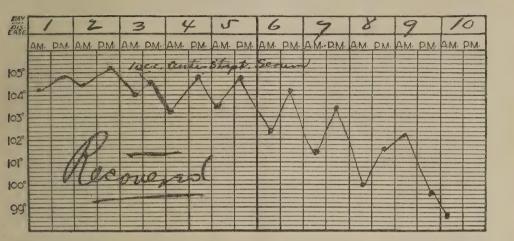
about three months ago.

A case of erysipelas attended by Dr. Sig. Cohn, and which was not seen by me, was between 3 and 4 years old. It was sick but a short time before the doctor's first visit. The little patient had a typical erysipelas flush on the lower extremities. This gradually extended to the abdomen and then to the back. doctor used lead and opium wash externally, followed later by ointment of ichthyol. Not finding any improvement and finding that the erysipelas had spread alarmingly, the temperature at this time being 104, the doctor injected at 6 P. M. 8 c. c. of Antistreptococcus

The following morning the temperature was normal; the ervsipelas faded and gradually subsided.

No other treatment was used and

the child recovered very rapidly.
Schenck (Central Blatt fur Bacteriologie, page 175, Band xxiii, Part III) treated in the State Institute and reported in the Vienna Klin. Wochen., 28th of October, 1898, four animals (three horses and one mule) according to Marmorek. They re-



ceived increased doses of streptococcus serum. The animals had previously received injections of diphtheria toxine. The animals all tolerated the poison well, and were able to withstand the poisonous effect of living cultures.

One animal withstood 200 c. cm. without any after effects. After 10 months' treatment the serum of these animals was tested for their

therapeutic value.

Sixty rabbits were injected with 0.1 to 5 c. cm. and 20 hours later injected with 100 times the usual

poisonous dose of toxine.

Although the animals so previously injected showed a similar mortality, 36 per cent. against 11 per cent. of controlled animals, still this author could not arrive at any positive deductions from the amount of poison injected or the amount of prophylactic serum used to control or neutralize the poison.

His results are the same as those of Petruschky, and questions the value of the serum made according to the method of Marmorek. Still poorer were the healing results with this same serum, for out of 21 rabbits thus treated 19 died.

The following case of a baby, K., 1 year old, female, was feverish and restless for about two days, when Dr. Aronson was called. According to the family the doctor did

make a diagnosis, as the disease was not properly developed.

On the third day of the child's illness Dr. Berger was called and diagnosed the case as erysipelas.

On the fourth day of the disease the child grew worse. The disease spread very rapidly, and there was a marked rise in the temperature. The doctor had used ichthyol ointment locally with no apparent benefit.

On the fifth day of the child's illness Dr. Henry M. Groehl was called in and found a very well marked case of erysipelas, involving the both lower extremities, and spread from there to the back, covering the same, and over the abdomen. The temperature at the time of his first visit was 104.2; the child was very restless. He ordered locally lead and opium wash to cool the surface, and internally he gave calomel and phenacetine with sparteine.

The following day, the sixth day of the child's illness, Dr. Groehl found the child much improved. The mother stated that it had rested well; the child would sit up and The temperature had fallen

to 99; the pulse was good.

The erysipelas flush was not spreading; the color was not so red, and some areas of the skin had lost the hard and elevated, thickened induration. The child was in every

way greatly improved, and was nursed by its mother, taking the

breast with evident relish.

The seventh day of the child's illness there was a marked change for the worse. The temperature still remained at 99, the pulse was rapid and feeble, there was continuous vomiting. The inflammation had suddenly spread from the abdomen to the chest, almost completely covering the child. The child's appearance was decidedly septic. The child vomited long after all drinks, the mouth had been stopped. In fact, long after rectal feeding had been commenced the vomiting persisted.

On the eighth day of the child's illness, Dr. Louis Fischer was called in consultation, and after going over the history of the case and the treatment pursued, recommended injections of 10 c. c. of antistreptococcus serum. This was injected in the usual aseptic manner, just as we inject antitoxine, on the morning of the eighth day of the child's illness. On the evening of the same day that the injection was given, there was no reaction. The child continued the same.

The following day, about three hours before the exitus lethalis, the body was covered with large ecchymotic spots. The various parts of the body were covered with discolorations; some of them resembled the colors of the rainbow.

Two very instructive cases are the

following:

A child, seven years old, complained of nausea and vomiting quite freely. The mother believing the child had a disordered stomach, gave her some citrate of magnesia, which had quite a marked laxative effect.

The following day the child complained of intense headache, and being very feverish and thirsty, was put to bed and a physician sent for.

On examining the child he found the body covered with a distinct scarlatinal eruption. He ordered spir. mindereri; a tenspoonful every two hours, and a liquid diet. The next day he injected 10 c. c. of antistreptococcus serum.

The temperature was between 103 and 104; the exact measurement not

noted.

The next day, finding the child's headache still persisted and the general condition not improved, he again injected 10 c. c., and continued to inject every day for seven successive days 10 c. c. until 70 c. c. had been used.

The temperature ranged from 105 to 106 in the evening during the second week of the child's illness, and from 103 to 104 every morning.

When I saw the child, at the request of the family, I found a condition of general furunculosis on the back, and in the axillae, on the shoulders, over the left patella. The family objected most strenuously to incising the furunculosis, and thus these furuncles were allowed to open

spontaneously.

The urine was very turbid, high colored and loaded with albumen. On boiling the same, it almost coagulated in the test tubes. There were also casts found on microscopic examination. The child suffered from a continuous diarrhea, which muth and injections of laudanum with starch would not control. throat showed small areas of necrotic scarlatinal pseudo membrane, and there was quite some discharge from the nose. There was also a purulent ophthalmia, the eves being glued together when the child dozed. There was a constant stupor, and the child seemed to be drowsy. The nose was pinched; there was an intense thirst all the time, and continuous cough, which had appeared when I first saw the child, and which we first thought resembled pertussis, proved later, on careful physical examination, to be an empyema. The child died in a condition of most profound sepsis several days after the aspiration of the purulent effusion.

The family objected to the operation of empyema. During the course of this child's treatment, an older child (nine years), which had been exposed and was now isolated, contracted the disease. The mother calling our attention to the persistent vomiting and sore throat. In this case I used quite some diplomacy, in order to convince the attendant that I did not believe antistreptococcus serum could do any good. In fact, I advised him that if he

would again inject the second child that I would withdraw from the case. As the family insisted on my continuing to attend this child with the attending physician, we used carbolated vaseline inunction, and the usual expectant plan of treatment, treating symptoms as they arose, giving an iron and glycerine gargle, and although this child suffered with a nephritis for six weeks, it made an uneventful recovery.

A NEW CURETTE AND EVACUATOR.

BY E. D. ST. CYR, JR., M. D.,

Late Surgeon at the Railway Hospital and Physician General Free Dispensary. Member of the Chicago Medical Society.

Gentlemen:—We all feel the need in the medical profession of an instrument which will easily and readily empty the uterine cavity of its dead contents. There is not one of our authors on obstetrics who does not recommend the use of the hand in the treatment of the graver complications of the puerperal state, caused by retention, and still every one of them, in the same work, discriminates against the use of the hand and tells us of the dangers of heterogenetic infection through its use; a condition of affairs which is highly contradictory and antagonistic, and which shows a lacuna as well as the insufficiency and scantiness of our methods. It will therefore be an innovation if such an instrument is found, it will necessarily and immediately dispense with the imperfect devices now in use, such as placental forceps, which in most cases are of no use, or the barbarous, undignified and painful methods of manual, or I might say brachial, dilation and extraction.

The instrument which I show you has been so constructed and improv-

ed by me, and the results following its use have been so gratifying that I feel it my duty to make it known, as its superiority over the present methods of operating cannot escape the appreciation of the medical profession, for it dispenses with anesthesia, with pain, with the condition of shock accompanying manual extraction, with excessive and unnecessary dilation, with septic infection by the hand, with prolonged hemorrhage, with the prolonged pains of expulsion, and finally, as it dispenses with the expectant treatment so often adopted, either because the patient is unwilling to undergo the ordeal of our present methods, the physician uncertain that there is anything left in the uterine cavity, or in many cases that he is trusting nature to do what he should. Instead of the annoyance to the physician and the danger to the mother accompanying the retention of some of the uterine contents such contents are taken away by this curette in a few minutes without danger or pain, with greater safety for the mother, with more advantage to the



skillful attending physician and with greater credit to the medical

profession at large.

The instrument is an archimedian screw, with broad and blunt spiral plates, which serve to propel the uterine contents downward and outward by simple external rotation and slight traction at its handle. At its upper part a flattened ball prevents it from going any further than the fundus by serving as a central pivot and shield. The spiral plates are but one-half the diameter of the instrument and naturally at an angle, making the introduction of the instrument an easy matter. The effect is the same as that of the archimedian pump, i. e. it expels the contents of a cavity by wedging them out through the inclined plane of its spiral plates. In the uterine cavity it produces contractions by friction and thereby lessens the cavity according to the diminished volume of its contents.

For the purpose of description 1 have divided the instrument into the following parts: A shield or rounded upper extremity, an insertion guide, to wit: the straight, flat portion below the shield; the flat, spiral plates making one and a half turns and having their surfaces directed upward and downward; the extraction guide, which is the lower end of the spiral plates as they regain the perpendicular position in joining the handle, and finally, the handle, which may be given one of many forms. Each of these parts serves its special and indispensable function. Thus, the shield is for protection by rendering the instrument capable of penetrating an orifice, but not through a perfect surface; the insertion guide serves as a guide for the insertion of the spiral plates; the spiral plates serve to detach adhesions and expel the contents of the cavity into which they are passed by pushing such contents from above downward on rotation of the handle. The extraction guide is to render the extraction of the instrument easy, and finally, the handle is for the purpose of intelligent manipulation by the operator. The instrument consists of one piece, as you can readily see by the adjoining illustration, and it is easily made aseptic. Reflect that the instrument before you, although straight, enters the uterine cavity at an angle of 45 degrees, i. e., at the angle of its spiral plates, if the introduction of the instrument is properly performed. is one and one-half inches in diameter, and it can be passed through an orifice of one-quarter of an inch. The nature and consistency of the uterine contents are such as not to permit us to pull on them; they must be pushed out, so to speak, and it is the acquirement of this operation which this instrument fulfills, for it worms its way beyond all the contents and pushes them out with its spiral plates, if these are simply set in rotation by manipulating the handle of the instrument. The operation is not attended with any danger to the mother, as comparatively little force is necessary, and from the fact that the instrument is very blunt in all its parts, it does not cause her any more pain than the movements of a child in utero; consequently no anesthetic is required. The instrument acts aggressively on the contents, and passively only on the uterine walls; thus being far superior to the ordinary curette now in use in that respect, and also from the fact that it acts automatically but not blindly, as its seven and onehalf inches of border from shield to handle have no tendency of penetrating the walls, but that only of bringing down any foreign body protruding from them. It is less dangerous to the mother as no fresh channel for absorption can be opened with it, as with the forms of curettes now in use, and finally, it will bring down a great quantity of tissue en masse.

The diameter of the instrument when in the uterine cavity is quite large enough for the contents of that cavity to be conveyed downward and outward by the flat revolving plates. This is clearly seen when we consider that the uterine cavity is not much more of a cavity than the socalled pleural cavity, but that it is more elastic, and its walls contract according to the space required by its contents. In other words the cavity is always full and becomes smaller or greater as its contents diminish or increase in volume. After thoroughly testing this instrument in my own practice I am convinced of its great utility and scientific adaption to the conditions found, as well as its entire efficiency in such cases where the life of mother may depend upon the safe removal of the uterine contents. we consider the value of the instrument proportioned to the use which the obstetrician shall make of it I believe it is destined to hold the same place in regard to the secundines which the obstetrical forceps hold to the child.

The physician's hand, above all others, is the most improper to be used in the uterine cavity, and all

the authors on obstetrics proclaim its dangers, as his comes in contact with disease germs of all kinds, especially as Professor King expresses in his work—"Septic poison conveyed from other women already affected with puerperal septicemia; infection by cadaveric poison from the hands of persons previously engaged in dissection or post-mortem examination. Infection from typhus fever, scarlet fever, erysipelas, diphtheria and other symotic diseases, etc. Thus we clearly see the dangers accompanying the employment of the hands in obstetrical practice, and we know that in general practice it is practically impossible to keep them But with all these wellexpressed dangers of the hand Chailly, Lusk, Cazeaux, Meadows, King and all authors on the subject agree that the hand is to be used in nearly all the graver complications of the puerperal state where there is retention, etc. Such etiology and treatment show the insufficiency and scantiness of our methods in such cases, as both are contradictory and antagonistic.

The foregoing shows clearly that the hand is dangerous, deficient and improper, and that nothing better has been employed so far. As the nature and extent of this paper do not permit me to give the opinions of the authors verbatim on this important subject I will only quote from the last issue of the Tribune Medicale of Paris (April 15). At the Obstetrical Society of France Professor Tarnier says in regard to the treatment of post partal hemorrhage: "When all ordinary methods have failed there is left one, brutal it is true, but sure—the hand must be introduced in the uterine cavity and the contents taken out." Chapetier de Ribes and Dr. Charpentier recommend the complete evacuation of the uterine contents, and Dr. Maygrier to attain that end quicker recommends the use of the ecouvillon in preference to the hand.

The old and recent works on obstetrics, from Chailly and Cazeaux to Lusk, Playfair, Meadows, King and others recommend in the following puerperal conditions and otherwise that the hand be used, as it is

the best resource at our command. In all these conditions it will be clearly seen that this instrument replaces the hand completely without its disadvantages.

In abortion, miscarriage, premature delivery and delivery at term

with retentions.

Buttonhole complications of placenta.

Rupture of cord. Extra large placenta. Puerperal septicemia.

Inertia uteri.

The different forms of mole pregnancy.

In the removal of coagula of the

puerperal condition.

Retained membranes at term or otherwise.

Remote puerperal hemorrhage.

Rectocele.

Post partal hemorrhage. (The instrument is better adapted and it will produce contractions, stoppage of flow and evacuation of blood clots as well as the hand introduced in

utero.)

In this long list of conditions where the hand is often our only operating, this curette method of will accomplish just as much without anesthesia, without pain, without unnecessary dilation, and without danger. Not only is it a necessity for the foregoing cases, but in cases of rectal impaction, of retention of the catamenia with hardening, in membranous dysmenorrhea, it becomes most serviceable. In many cases of miscarriage where the secundines are presenting at the os uteri, and the hemorrhage is free, it must take the place of the tampon and thus shorten the sufferings of the mother and prevent repeated absorptions of great quantities of blood in the tampon by terminating the case quickly.

OPERATION.

My method of operating has been the following: The instrument is immersed in boiling water and left to cool. The patient is placed across the bed as near the edge as possible, with her thighs flexed toward the abdomen. The vagina is rendered aseptic by a copious carbolized injec-

tion. The index finger of the left hand is passed as far as the os uteri to serve as a guide; the instrument, annointed with an aseptic lubricant. is introduced as far as the tip of the examining finger. In order that the spiral plates will enter the cavity at an upward angle of 45 degrees it is necessary that the insertion guide be placed toward the right side of the patient, namely toward the examining finger. The finger is then made to give its place at the os to the instrument; upward pressure on the handle of this will bring the shield as well as the straight insertion guide within the os; rotation from right to left will then bring the whole instrument within uterine cavity with the greatest of ease, where, as soon as the shield reaches the fundus, it will be felt distinctly through the handle. produce the evacuation of the uterine contents the same rotation (from left to right) with slight traction on the handle, is all that is necessary. When the instrument is in the uterine cavity it may be turned from right to left (with slight upward pressure, to prevent it from coming out) a method which is very serviceable to break up adhesions, but in no case should any great force be employed.

To extract the instrument slight traction and rotation from right to left is all that is necessary. The operation can also be performed with the use of the speculum, especially in in cases of early gestation. If the uterine dilation is insufficient for the evacuation of its contents a Barne's dilator, the sponge tent, or the uterine dilator should be used. A method which has lately been used by others, and which I believe to be very efficient, is to use the vulsellum as a tractor, thus bringing the cer-

vix down to the vulva.

In the work of investigation, in which I have been engaged during the past few months, I have been helped greatly by a number of my colleagues. They have been so kind as to communicate to me the results of their numerous and diversified cases, a fact which makes their reports very valuable. I must here thank them most sincerely for the

marked devotion which they have shown, as well as for the favor which they have conferred upon me by their staunch adherence to the new method of operating. It would have been impossible, within a short time, for one authority to arrive at a positive and convincing conclusion by considering only the results obtained from the cases found in a private practice. I have therefore requested the cooperation of a number of my colleagues, and I am now in possession of more reports from them than it

would be advisable or necessary to publish. I believe that their work should carry more weight than the whole of the theoretical part of my paper, as it illustrates the practical results obtained, seen and judged by different authorities. As for my experience with the instrument, I can say that, knowing the numerous successes which I have had with it, I would consider it impossible to do without it and go back to the old methods of "prolonged expectant treatment" or "manual extraction."





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OUR BOYS TO THE FRONT.

Many have said, and no doubt truly spoken, that our war with Spain was not necessary, and that the outflow of blood and treasure ought to have been spared by arbitration.

It no doubt was an evil, but sometimes this is a blessing in disguise. In this instance it, no doubt, must be regarded as the most fortunate event in our history, for in many things it has demonstrated that the art of war must be revolutionized. The stupendous performances of our land and naval forces prove this. With a handful of regulars and a few regiments of militia within one short month General Shafter advances against a powerful army of veterans, under the pressive heat of a tropic sun, steadily presses back the enemy, lays siege to Santiago and captures 25,000 troops, something unparalleled since the time of Napoleon. Commodore Dewey with a few gunboats and monitors defies the submarine torpedoes and fortifications of Manila, and in the short space of an hour blots a Spanish fleet out of existence. The achievements of Commodore Schley are unequaled by any performance of the ever illustrious Nelson.

As physicians we keep a vigilant eye on the medical department of

the army, and it is no exaggeration to say that no army on land or sea ever went into action so well prepared, from a sanitary standpoint, as ours.

To Surgeon General Sternburg our nation owes a debt of gratitude for the consummate foresight and judgment with which he has performed his arduous duties from the time a soldier entered the ranks till he fell in the trenches under the enemy's fire.

In the beginning the most rigid scrutiny was exercised in the physical examination of officers and men alike before they were mustered into the service. Once in the line no expense has been spared to abundantly provide him with proper food and clothing. Everything that human ingenuity could devise has been provided for the sick or wounded soldier. No wonder his achievements have astounded the world.

Finally, as the armies advanced and the clash of arms came the celebrated Senn was ordered to the front as the chief operating surgeon

of General Shafter's army.

No wonder our boys advanced undaunted to the charge when they knew that close in the rear, ready to minister to their wants, was the most eminent surgical skill of the nation or the world.

It has been a matter of pride and congratulation to note with what alacrity and patriotism our profession has responded to the call for troops; not the young and inexperienced, but those who occupy the most advanced places, and to whom any pecuniary remuneration was no consideration. The gifted editor of the Lancet Clinic launches forth the following, which speaks in eloquent terms of our nation's greatness and the part the profession

plays in the Cuban drama: "A war in the tropics in summer time is a fearful trial of the strength of any soldiers, and much has been said, particularly about the special value of climatic seasoning of troops, which the writer believes to be mainly based on false premises. In north temperate climes men are more vigorous, energetic and ambitious than those who live in torrid regions. It takes some weeks or months at least to reduce them to the normal lethargy of Southern latitudes. This may in some measure account for the recent marvelous victories of the United States forces on sea and land in Cuba and Cuban waters. The North men had not become debilitated by the heat, although in it. nervous energy stimulated and held them to their work. Furthermore, the new army and navy of the United States is not only constituted of the flower and pick of American manhood, but it is the best cared-for army and navy that ever went forth to battle with an enemy. Hospital ships, stores and special diet have been provided in reasonable abundance to keep the men in the best possible condition. The medical service is unsurpassed, and equal to any and every conceivable emergency. The United States Government has the cream of the medical profession of America to draw upon, and every draft will be honored to the credit of that profession.

Another factor in drawing victory to American arms is found in the fact that every American soldier and sailor is a born mechanic, and a large majority of them are skilled by training in some of the mechanic arts. Hence the gunnery of American seamen and soldiers, which has fairly astounded and astonished the old nations of Europe. The old, climatically seasoned troops of Spain, in modern cruisers, behind modern guns, with smokeless ammunition, were not a fair match for the vigorous, energetic, nervy new recruits of the North.

Never before was a campaign better planned or more thoroughly executed. Some would-be critics have had the temerity to say the Government of the United States is slow, but that is simply an illustration of their own ignorance of existing conditions. The progress has been an irresistible storm, engulfing two fine fleets, a capture of the Ladrone Islands and landing of forces almost sufficient to capture the entire colonial possessions of Spain. Some other nations proposed to have a dividend of isles declared. proposition is now off and retired for repairs and further considera-

Many of the most cultured physicians, unable to effect an entrance to their own corps, have become line officers and privates in the service. Dr. Boylan, of this city, is a lieutenant in one of the Cincinnati regiments."

WILLIAM PEPPER, A. M., M. D., LL. D.

We regret to chronicle the death of Professor Pepper, provost of the Medical Department of the University of Pennsylvania, which occured suddenly in California the last week in July.

ANOTHER WORD ON APPENDICITIS—WHEN TO OPERATE AND WHEN NOT TO OPERATE.

The distinguished New England surgeon, Dr. Maurice Richardson, of Boston, has once more placed the medical profession under obligation to him. This time for the most valuable and practical contribution on appendicitis that has yet been published for monograph and articles we have had without end on this subject of appendicitis, but so far nothing to be compared in value with his late contribution on it in recent issue of the Boston Medical Journal,

July 18 and 25, 1898.

Richardson's contribution is particularly valuable, because it is based on 720 cases, and every line of it stamps its author as honest, impartial and independent. And if gives us a run of 150 cases with recovery by surgery, he on the other hand points out that in another group operated, ending mortally, some of the lives might have been spared by medicinal remedies. other words, he supports the position taken from the beginning by the writer, viz: That "the operation for certain types of appendicitis has a mortality." My contention been that where there is absence of distinct evidence of perforation and the lesion is catarrhal, a localized inflammation, an operation adds fresh danger.

Referring to this phase of the subject, Dr. Richardson observes:

"The danger of converting a localized into a general infection by operating under certain conditions ought perhaps to receive more consideration than it does. That such a catastrophe is not infrequent we are convinced. Moreover, a general infection thus occurring in cases of the severer kind is rapidly and, we believe, almost surely fatal. This type of case is seen most frequently on the third or fourth day. Though the patient's general appearance, temperature and pulse may be good, it will be noticed that an operation, even the most rapid, will be attended

by an immediate constitutional depression deep enough to excite the gravest alarm. In such cases one is only too glad to get the patient to bed alive. It is idle to contend that in such cases this or that method of treating the general peritoneum will give the patient more than an inconsiderable chance.

* * * * *

"The fatal cases after operation make a deplorable list. Many of these were recognized as practically hopeless, but the operation was, nev-We were ertheless. undertaken. sure enough of the fatal result and should have advised against operation but for the occasional recoveries in the face of the most adverse circumstances. Yet subsequently the question always arose whether it would not have been better not to interfere in such cases, in the hope that there might remain a chance of recovery which a desperate operation removed."

"It seems not unreasonable to state in connection with the class of cases thus far considered that the question of operative interference is not so simple as it might at first glance appear; that the greater one's experience in all classes of acute cases, the greater the number that will justify serious doubts as to the advisability of interfering in every case "as soon as the diagnosis is made." This rule may be a good one if every case can be seen and operated upon at the very outset-most cases could be saved by following such a rule; but at the time the case comes to the physician for treatment or to the surgeon for operation those conditions so favorable to operation have given place to others and the patient, fully under the malign influences of the disease, must be treated in the way which in his particular case is, on the whole, the safest. That immediate operation is demanded in every case. and that that operation shall in

every case be the removal of the appendix, seems to us a position which is rendered untenable by the facts as they are thus far known. most of the severe cases seen after the symptoms are fully developed require interference at some time during the attack seems fully proved; but that that time shall invariably be as soon as the diagnosis is made must challenge serious doubt. For example, not to go into this question too fully at this time, a patient in whom a severe attack is rapidly subsiding should not be operated upon so long as his symptoms continue to improve. An aggravation of symptoms after a temporary subsidence demands almost invariably an operation and an operation with greater chances for success at the end of a week than upon the third or fourth day. On the other hand, a case that has been not only not improving, but increasing in gravity should be immediately explored."

From the foregoing contribution it is also evident that in many it remains a very difficult thing to decide when the proper time to operate arrives in such cases. In what Richardson designates "interval" operation, practically recurrent cases in 150 he had no mortality. This corresponds with the experience of others.

In severe cases he believes in operation, even performed on the first day the mortality would be much relieved; but, after this period, except in fulmineent cases, it is thought best not to operate until fever has subsided and the conditions is well localized.

The operation for appendicitis in acute cases is always an affair which calls for serious consideration, as it is now admitted that in the most of these cases this alone will save life, while on the contrary in quite a few, it may cut off the only hope of recovery.

The operation for appendicitis is always one which calls for the exercise of discriminative skill and experience, for none will more seriously test our judgment, nor tax our resources when active inflammatory changes have set in. T. H. M.

AMERICAN MEDICAL ASSOCIA-TION RESOLUTIONS.

At the recent meeting of this association the following was unani-

mously adopted:

Whereas, The American Medical Association did, at Detroit, in 1892, unanimously resolve to demand of all medical colleges of the United States the adoption and observance of a standard of requirements of all candidates for the degree of doctor of medicine which should in no manner fall below the minimum standard of the Association of American Medical Colleges, and

Whereas, This demand was sent officially by the permanent secretary to the deans of every medical college in the United States and to every medical journal in the United States, now therefore the American Medical Association gives notice that hereafter no professor or other

teacher in, nor any graduate of any medical college in the United States, which shall after January 1, 1899, confer the degree of doctor of medicine or receive such degree on any conditions below the published standard of the Association of American Medical Colleges, be allowed to register as either delegate or permanent member of this Association.

Resolved, That the Permanent Secretary shall within 30 days after this meeting send a certified copy of these resolutions to the dean of each medical college in the United States and to each medical journal in the United States.

Respectfully yours,

WM. B. ATKINSON,
Permanent Secretary.

SOME SUGGESTIONS REGARDING THE AMERICAN MEDICAL ASSOCIATION.

The large number of physicians attending the annual convention of the American Medical Association are certainly entitled to individual consideration.

It is therefore proper for the benefit of the scientific sections to have only those papers read which are practical and can bring out good discussions, or those based upon practical research and investigation.

There can be no question that either there is mismanagement in some sections or that special favoritism is bestowed on a few influential

Our attention is, however, directed to an abuse which calls for an executive investigation, viz.: That certain men send titles of papers to several sections—in some instances they announce papers in three different sections, in most instances merely to see their names in print or else to see how often they can find their names printed in a single programme.

In one instance a gentleman was given preference on the programme and other papers postponed to enable this bright individual to wander from section to section and give "scientific" orations and expound new ideas, based on experience of long standing.

This is radically wrong. While there can be no objection to discussing papers of especial interest in the various sections, especially so if invited to participate, we feel that it is radically wrong to permit some men to monopolize various sections and crowd equally prominent men.

It can only add to the dignity and scientific value of each particular section if each paper, or rather if the abstract was carefully scrutinized and eliminated if not found desir-

This would not only encourage good work, but would stimulate those men who boast that anything is good enough for the A. M. A.

L. F.

DISTURBANCES OF SUMMER CHILDREN.

In fermentative disorders of the alimentary canal in the young, middle-aged or old, listerine has given most satisfactory results. In the summer diarrhea of children Dr. I. N. Love, of St. Louis, speaks very highly of it, given in combination with glycerine and simple syrup. A formula that I have time and again used-in fact, it has almost become routine with me of late years—is as follows:

R—Bismuth sub. nit
Tr. opii
Syr. ipecac,
Syr. rhei aromaa. 2 dr.
Listerine $\frac{1}{2}$ oz.
Mist. creta 1 oz.
M. Sig.—Teaspoonful as often as neces-
sary, but not more frequently than every
three or four hours. This for children
about 10 or 12 months old.
-Deering J. Roberts, M. D., in Southern

Practitioner.

CLINICAL SURGERY AND SURGICAL PATHOLOGY

<u>վերումից աներում հրամերում հրա միասինում հրարկիրում հրամերում հրարկին աներում հրամերում հրարկի</u>

In charge of T. H. MANLEY, M. D., New York

REMARKS UPON THE SURGICAL TREATMENT OF MALIGNANT DISEASE OF THE LARYNX.

297. Delavan, D. B. Dr. Butlin and many of the best surgeons of the day advocate the following propositions:

1. Every malignant growth of the larynx of intrinsic origin, which can be dealt with, should be treated by an operation in the absence of a decided indication to the contrary, and the operation should be performed with the least possible delay.

2. Every tumor of the larynx suspected to be malignant, of intrinsic origin, of limited extent and apparently within reach of free removal, justifies an exploratory thyrotomy in a suitable patient, in the absence of infiltration of the surrounding structures and the involvement

of the lymphatic glands.

In cases in which the malignant disease is absolutely confined to the interior of the larynx, a thyrotomy may be performed according to the method described by Butlin and Semon, which should be more or less radical, according to the parts involved. Where the disease has made considerable progress the radical operation of Dr. J. Solis-Cohen, of Philadelphia, may be practiced. It has the following advantages:

1. The danger to life from inspiration pneumonia is greatly lessened, owing to the shutting off of the

mouth from the trachea.

2. Swallowing is accomplished with great ease and as freely as un-

der ordinary circumstances.

3. In at least three cases thus operated upon the power carcinomatous cases requiring laryngectomy are desperate at the best, both as to the immediate and ultimate results, and with our present limited knowledge

of the subject no amount of caution, however great, will avail in preventing a high percentage of failures. With the best results obtainable, it should not be forgotten that in this disease surgery is, and probably always will be, a forlorn hope, and that while we have discovered some better method of dealing with it, the results of operations, even under the best conditions, will fall far short of a perfect means of cure.

Jour. Am. Med. Ass'n, March 12,

Note.—When we are ascured beyond all doubt that our patient is a sufferer from malignant disease of the larynx, if we would spare him unnecessary suffering and give him as many days of comfort as possible, we should always do a cocaine tracheotomy; then apply such topical treatment as is most desirable. In radical, intrinsic or extrinsic operations here, for cancer are always dangerous to life, and in no cases enhance comfort or prolong one's days.

T. H. M.

A NEW SUTURE FOR THE INTESTINE, MESENTERY, ETC.

By ARTHUR E. BARKER, F.R.C.S.,

Professor of the Principles and Practice of Surgery and Professor of Clinical Surgery at University College; and Surgeon to University College Hospital.

In operations upon the abdomen all surgeons of experience will agree that any saving of time compatible with accuracy of manipulation is a most important factor in success. The use of small needles within the abdomen, whether straight or curved, whether held like Hagedorn's in forceps, or in the fingers as in the case of ordinary sewing needles, has always required much time, whether for threading, handling or fixing the needle in a holder, and many surgeons have tried to avoid this by the employment of buttons and other ingenious contrivances. being a believer in suture versus other mechanical contrivances, I have

been experimenting for a year or two past on various forms of needles and holders which might save time by securing greater command over so small an object as a fine needle in awkward situations, and in avoiding the threading of one of these frequently, or of many to be handed to the surgeon in the course of an operation.

In the end I have designed an instrument with which the finest needles may be held at any angle clear of the hand, and which only requires to be threaded once before the operation is begun. Moreover, the threads introduced with the needles so held can be used not only for the ordinary interrupted suture, and tied separately, but also (which in some cases is much better) for a row of suture identical with the stitching of many sewing machines, and requiring no knot until the final stitch.

I have used this little surgical "sewing machine" now for some months past, in various modifica-tions, on several different kinds of case, including suture of the intestine and mesentery, and closing skin wounds, with much satisfaction. It has passed through various stages of evolution as its previous defects have been recognized, and is now, I venture to think, worthy of recommendation to others in its mature form.

Note.—This indeed is a marvellous piece of ingenuity—a "sewing machine" for the surgeon. What will be the next? Probably a contrivance which will dispense with the necessity of assistants of all kinds. The trend of the times we live in is to extend and improve machine in the contribution of the state of the contribution of the state of the contribution of inery for everything; therefore, in the near future, in the evolution and perfection of machinery the "cunning of the hand" will be something of the past, and the upper extremity will become a use-less, cumbersome appendage, and, like the antiquated tail, will degenerate in time into a rudiment.

—British Med. Journal.

TRAUMATIC BURSITIS OF THE KNEE*

By N. C. MORSE, M. D., Eldora, Ia.

Anatomists concur in the statement that a bursa consists of a thin wall of synovial membrane or connective tissue, forming a sac or pouch whose cavity contains synovial fluid, and that these bursae are found placed between surfaces that move upon each other, their object being to diminish friction and afford protection to the integument or tendons of muscles, as they play over bony surfaces. It is the general belief or supposition that these bursae, when located near a joint, communicate with the joint cavity, or that they are a continuation of, or but reflected portions of, the true synovial membrane of the joint proper, "hernia synovia," as Bryant calls them. The desire to demonstrate the fallacy of this belief is my apology for bringing this question before you.

According to Gray the normal bursae of the knee joint are distributed

as follows:

Anterior, 3:

1. The prepatellar (found between the integument or skin and the pa-

2. Between the upper part of the tuberosity of the tibia and the liga-

mentum patella.

3. Between the lower part of the tuberosity of the tibia and the integument, at or about the insertion of the ligamentum patella.

To these should be added:

1. One beneath the tendon of the quadriceps extensor, at or about its insertion to the upper and anterior surface of the patella.

2. The subcrureous bursa. Upon the outer side, 4:

1. One beneath the outer head of the gastrocnemius.

Note.—The above topic is one of much more than a mere passing interest, because, first, it calls attention to a very common class of lesions in the periarthritic tissues; and, secondly, because it shows how they may generally be successfully dealt with. I fear, however, that when Mr. Morse attempts "to demonstrate the fallacy" that true bursae do not communicate with the articulation, in many cases, he will find an insurmountable task before him, for the weap that in any convey ten the the reason that in any one work on the the reason that in any one work on the shoulder and other articulations recently, on the cadavers, and my operations on cystic bursae, it has been my experience that they do frequently communicate with the interior of the joints.

We may have then simple, uncomplicated bursitis, or this associated with synovitis. The study of uncomplicated traumatic or pathologic bursitis is a highly important one, and for its revival and classification of many marked fea-

and classification of many marked features conceted within its evolution. The profession is certainly indebted to Dr. Morse.

T. H. M.

2. One above and

3. One beneath the external lateral ligament.

4. One beneath the tendon of the

popliteus.

Inner and posterior surfaces, 5:

1. One beneath the inner head of

the gastrocnemius.

2. One beneath the insertion of the tendons of the sartorius, gracilis, and semitendinosus.

3. One above and

4. One beneath the tendon of the semimembranosus.

5. One between the tendons of the semimembranosus and of the semi-

tendinosus.

We are indebted to our German brothers across the sea, Gruber, Tillman, Weigert, Neumann, etc., for much of our present knowledge of this distinct affection. "Bursitis acuta" ordinarily runs but a short, characteristic course. Where fluid accumulates rapidly into the bursa, there is always heat, pain, soreness and swelling, with constitutional disturbance in proportion to the local manifestations. Not infrequently the pain is very acute, but after a few days the pain becomes less intense, the reverse of synovitis or arthritis, though the soreness and swelling will remain until restitution is fully established. In this class of cases, including the subacute and chronic forms, the diagnosis is comparatively easy, but in the more acute or violent cases it requires a very careful examination to prevent confusion, and an early recognition of a bursitis may save the patient much suffering and possibly prevent joint infection.

Where the prepatellar bursa is involved there is usually a well-marked, well-defined, fluctuating tumor, and if very much distended the patella cannot be felt except by deep pressure; in other words, the fluid is entirely anterior to or above the patella, the bone being in its normal position. Whereas in synovitis with effusion the patella is found floating or pushed forward from its normal position, for the reason that the fluid in true synovitis collects or forms between the trochlea or under surface of the patella and the joint, thus displacing the patella forward. Again, in synovitis, by Erichsen's method of grasping the front of the lower part of the thigh with the flat of the hand and laving the fingers and thumb alongside of the kneecap, the fluid, even in small quantities, may be made to bulge on either side of the ligament or be forced back through the joint into the pop-

liteal space.

Bursitis of the quadriceps extensor is distinguished from synovitis by being plainly limited to the anterior and upper surface of the leg, and fluctuation being above and not through the joint, the final test, which is applicable to all bursae, being careful but firm pressure over the tumor, which, if there be any opening into the joint, will diminish in size corresponding in amount to the quantity of fluid displaced or forced into the joint. The large bursa which normally lies between the inner condyle of the femur and the head of the gastrocnemius muscle is more frequently enlarged than any other of the popliteal bursae. Its origin is normally upon the inner side, under the long tendon of the biceps, but as the tumor increases in size it becomes central and pulsation of the popliteal artery may cause it to be mistaken for an aneurism. By slightly flexing the leg upon the thigh, an aneurism would become more defined, and its pulsations more marked. In bursae the swelling becomes less distinct. Where the prepatellar bursa is inflamed and the sac becomes greatly distended it not infrequently happens that the inflammation extends to the quadriceps extensor bursa, but unless there is a rupture of the sac the disease may remain isolated and the surrounding tissues remain free from infiltration or contamination.

Lastly, assuring ourselves there is no joint connection, the diagnosis is made positive by means of the introduction of the hypodermic or exploratory needle, examination in all doubtful cases being made under anesthesia.

Medico-Legal Aspect.—Bursitis is of special interest from a medico-legal standpoint. By an error of diagnosis an injustice is often committed and a minor injury or a bursitis pronounced a grave or serious synovitis solely from the reason that the attending surgeon is not familiar with the anatomical fact of the presence of these bursae or is not able to make a differential diagnosis. Just as traumatic bursitis is a very common occurrence, so, on the other hand, traumatic synovitis is very rare and a very large per cent. of the so-called "cases of traumatic synovitis" are in fact due to gonorrheal infection or occur in patients of a rheumatic diathesis, and in this latter class of cases the synovitis or arthritis are often recurrent; hence a slight injury to a subject afflicted with a chronic rheumatic synovitis is very frequently taken advantage of unscrupulous parties ever in search of plundering corporations. Recurrent attacks, especially with gouty symptoms, will prevent deception in many of these cases and a careful miscroscopical examination of the contents of a bursa will often determine its origin.

-Western Medical Review.

PENETRATING GUN-SHOT WOUNDS OF THE ABDOMEN.

About eight years ago, in 1890, a statistical report of the results of treatment of penetrating wounds of the abdomen was presented to the New York Academy of Medicine by Dr. Lewis A. Stimpson. In this were included all the cases admitted into the hospital of New York, with this lesion during the preceding ten years; those which were treated by conservative methods and by abdominal section.

It was found by the author, in summing up the final estimate that on the whole the results were in favor of tenative measures, that the mortality was much greater when

laparotomy was performed.

Twice that time there have been no elaborate statistical tables on this important subject published in America. The conclusions reached by the distinguished surgeon in this instance were a great disappointment to practitioners who had hoped that antiseptic surgery would effect a most salutary revolution in this class of serious injuries. And now our chagrin is deepened when we

learn from the seat of war in Cuba that the same holds in military as civil life.

Dr. Nicholas Senn, the great pioneer of abdominal surgery in America, who not long since, from a theoretical standpoint, as he had not yet "smelt powder," wrote at length on the "Surgical Treatment of Penetrating Abdominal Wounds on the Field of Battle," now, from the hospital ship Relief, from personal experience with the mutilated, practically repeats the same conclusions of Stimpson.

He says in a contribution to the New York Medical Record, July 29,

1898:

"Our recent experience in Cuba has more than ever confirmed my convictions that not infrequently cases of penetrating gunshot wounds of the abdomen will recover without active surgical interference. For years I have maintained, as the result of clinical experience and experiments on the cadaver, that a bullet may pass through the abdomen on a level with and above the umbilicus in an antero-posterior direction without producing visceral injuries demanding operative intervention.

"If the bullet traverses the smallintestine area it is more than probable that from one to fourteen perforations will be found. Four laparotomies for perforating gunshot wounds of the abdomen were performed at the first division hospital, the only cases to my knowledge during the Cuban campaign. (The operation of laparotomy is opening the cavity of the abdomen and tying the perforations in the intestines made by the bullet.) All of the patients This unfavorable experience should not deter surgeons from performing the operation in the future in cases in which from the course taken it is reasonable to assume that the bullet has made visceral injuries which would be sure to destroy life without surgical interference."

This indeed is an amazing statement, viz.: that penetrating gunshot wounds of the abdomen will frequently recover without active surgical intervention. This is contrary and antagonistic to all modern teach-

ing, though, unhappily, not contrary to experience. The fact is that only too often many enthusiastic one-sided teachers waste much time and work incalculable mischief by emphatically inculcating "principles" on various subjects which they practically have no knowledge of.

It strikes one, too, as rather startling that a missile traversing the umbilical meridian or above it, areas which lodge the most vital organs of the abdomen, can work less damage

than one entering below it.

This was illustrated in two cases in the writer's service; in one the ball passing in one inch above and to the left of the umbilious. The spleen, stomach, color and small intestine were pierced—nine perforations in all—and the superior mesenteric artery opened near its origin. The abdomen was opened, hemorrhage controlled and perforations closed. The bullet was not found; patient making a good recovery. In the next, a mortal case, the bullet entered the ninth intercostal space, left side, passed through the internal mainmarg artery, the pleura and lung, the left lobe of the liver, spleen and directly across through both walls of the stomach. Laparotomy six hours after assault. There was free hemorrhage, but no gastric leakage. No doubt here tentative measures would have given the patient a much better chance of recovery.

Dr. Senn tell us that the four laparotomies performed for perforating gunshot wounds, the only ones he had any knowledge of in Cuba, were all fatal. They wer performed in division hospitals, far from the

scene of conflict.

From the foregoing we must conclude that the surgical treatment of penetrating abdominal wounds on the battlefield is an absurdity and an utter imposibility. The probabilities are that after a general engagement all serious wounds of the cavities. the cranio-spinal, the pulmonary and abdominal, are, in consequence of their grave character and the circumstances following an action, with

rare exceptions, mortal.

The performance of a laparotomy for a penetrating wound of the abdomen on one in the state of shock is always a most difficult and trying procedure, which to secure its success requires deliberation and accuracy, ample assistance and appropriate surroundings, with the best of nursing afterwards; something quite out of the question in an aggressive campaign. The loss of a few thousand lives, more or less, counts for little with a commander. who knows well that a swift, short and destructive conflict in the end is the most economical and humane.

We are then about where we were in the late civil war, on the treatment of penetrating gunshot wounds of the abdomen in war; but it should not be forgotten that the circumstances and environment count for very much in all cases, and that we may hope for success attending radical interference much oftener in civil life than during times of war; for antiseptics, surgical skill and technique all count for little or nothing the unfortunate, half-starved, parched and exhausted soldier in the Shafter's campaign was trenches. one of great dash and courage, but it evidently was one which might have ended with the total destruction of his army. As it was, when the clash of arms came it appears there were almost no provisions made for the wounded, who arrived back in great numbers with almost no provision made for their transport T. H. M. or succor.





SUBNORMAL TEMPERATURE IN TYPHOID FEVER.

Edwin Rosenthal (Philadelphia Med. Journal, June 25, 1898) discribes a highly instructive case which is so rare that it deserves comment.

The following history is worth

noting:

John J. H., aged 24, slightly built—weighing probably 100 pounds—was seen and treated by me from the very onset of his illness. His fever showed during the first two

weeks of his illness the characteristic fever-cure. Other symptoms were the common ones, except that constipation was the rule instead of diarrhea. On the 13th day there began a gradual decline in the temperature, which on the 14th day was as low as 95 degrees. This patient showed no remarkable nervous symptoms at that time, nor was there any evidence (hemorrhage) to account for the sudden fall. Widal's test at this time proved negative, so that I for a time had doubts about the diag-

Time—A. M.	Pulse.	Resp.	Temp.	fourishment and 01	Notes—Action of Heart, Condition f Mind, Pain, Chill, Sweating, Vomitag, Condition of Wound, Bathing, c.
1	. • • 2			Milk Soz Trophonine ¹ / ₂ oz	z. Delirious, extremities cold.
2	130	36	97.2 deg.	Whisky 1 or	z. Passed 8 oz. urine; hot bottles
3			•	Camphor Water. 1 oz Milk and Water.	
4	160	40	97 deg.	Arom. Spt. Am. 1 da Whisky 1 oz	r. 4 A. M. Temp. only 97 deg. Put hot bottles to feet and covered
5				Camphor Water. 1 or Milk 8 or Trophonine ½ or	z. to be allowed to sleep.
6	150	40	98 deg.	Whisky1 oz	z. Complains of desire to have
7	• • •			Camphor Water. 1 of Hot Coffee, teacup Whisky 1 of	Sleeps from 7 to S A. M. with
8	150	40	98 deg.	Hypo. Strychnin,	Syringe with warm water,
9			deg.	Cam. & Whisky 1 of Milk S of Trophonine 1/2 of	z weak; passed water at the
10	160	38	97½ deg.	Whisky 1 of	Z.
11			n % • • • •	Camphor Water, 1 of Milk, Camph. Water Whisky	Hot bettles continuously to
12	160	38	99 deg.	Hypo Strychnin. 1-20 Camphor Water	Vomits a little, mustard poul-

Defecation—Time: 8.15, after syringe; character: yellow, slightly formed.
Urine—Quantity, 20 oz.; color, red; reaction, acid; sp. gr., 1030; albumin, none; sugar, none; sediment, grates.

none; sugar, none; sediment, urates.

Physician's orders given at S.P. M. If temperature is 97 deg. or 98 deg. hot bottles to feet, covers, etc: if vomiting, mustard poultice to stomach. Trophonine every 4 hours, whisky every hour or two, animonia when indicated, milk, p. r. n.

nosis. Subsequent test, however, proved positive and, as far as this went, made the diagnosis certain. This low temperature continued for one week, despite all means used to elevate it—hot external applications, warm drinks, etc.; the second chart shows the range as taken every two hours, the patient meanwhile being kept constantly covered and protected, and with the constant application of hot-water bags, mustardplasters and the like. The only unfavorable symptom noted during this week was general weakness, with a remarkably clear intellect, and that very bad symptom, viz.: that he did not feel sick at all. On the 19th day the temperature rose to 102.3 degrees, and then it continued as it is generally found during the second week of the fever; the patient exhibited the most marked nervous symptoms, with rigidity of the muscles, delirium, hallucinations and the like, and continued ill, with mostly nervous symptoms, until the 34th day, when the fever disappeared and slow convalescence set in. The time my patient remained in bed was 42 days.

Subnormal temperature occuring during convalescence in diphtheria, scarlet fever, and in fact all infectious diseases have been described by many authors and are given due consideration by Rosenthal.

But these cases have invariably proved fatal and it is for this reason that the author gives his carefully recorded progress. We note from his chart that his most interesting feature was hypodermic medication and concentrated food.

It is extremely gratifying to have the careful record of such a successful case, and the author is to be congratulated in the successful result.

We note the fact that he has had recourse to the Widal reaction several times to strengthen and support the chemical diagnosis.

The article certainly deserves careful reading and will give encouragement to those who dread the subnormal temperature as a grave issue. SOME NOTES UPON PIXINE—A NEW OINTMENT. (By George L. Meredith, M. D.)

For about five years past there has been a preparation, in the form of an ointment, used amongst a few physicians of this locality which, from its intrinsic merits, demands a more universal introduction to the medical profession.

I wish to use a small space in your journal to relate my experience in its use in the gynaecological field: have during the past year used it in preference to all other preparations to reduce the inflamed, ulcerated and engorged conditions of os uteri due to old and neglected lacerations with a result showing improvement from the first application, that surpasses any other preparation I have ever used.

I will cite one case, to illustrate, the condition of which was such that I was apprehensive of cancer at the time of my first examination: Mrs. A., aged 50, mother of five children, the last confinement eight years ago, had suffered ever since with leucorrhea, frequent and irregular flow, backache, bearing down pain, etc. Examination revealed bilateral laceration, cervix very much engorged and inflamed, deep induration, tissues soft and broke down readily under manipulation, granulation tissue extended up to internal os. Cervical canal about twice normal length. After curetting and cleansing applied Pixine upon tampon, which was renewed every other day for three weeks, when ulceration and the tumefaction were gone, the cervix presented an even, smooth surface covered with healthy mucous membrane. This occurred about four months ago, and there has been no discharge since and all the other symptoms have disappeared; the patient has improved in general health.

This is one of several cases I could cite, but it is the worst one I have treated with Pixine and the response was so immediate and complete I

take pride in reporting it.

This is rather a new application for the remedy, as it was originally intended as a specific for indolent, varicose and syphilitic ulcers. The results achieved in these cases together with the composition

pixine led me to apply it in this class of cases with the happy results mentioned.

It is a thoroughly aseptic, antiseptic and stimulating ointment composed of tar, turpentine, beeswax with oleaginous base, and the general practitioner is constantly meeting cases calling for just such an ointment, and I feel that there are now so many ointments that are worthless that when one finds a good one it is but due the profession to announce it.—The American Gynaecological and Obstetrical Journal, May, 1898.

PERITONEAL IRRIGATION.

Drainage is a life-saving process when used properly.

To use it is not an admission on the part of the surgeon that his work during the operation was imperfect.

The use of the tube alone does not produce or leave any condition that favors the development of hernia.

The omentum or other structures do not become entangled in the openings of the tube.

A small size flint-glass tube with small openings and open end should always be selected for pelvic drainage.

The tube does not produce fecal fistulae.

The tube should be used when in doubt as to the absence or presence of drainage indications.

To depend upon the microscopic findings as to whether a given case should or should not be drained is seemingly scientific, but is neither necessary nor practicable.

Gauze drains should rarely be used, and should always be supplemented by a glass drain.

There is no danger of infecting the patient through the tube if the attendant is properly instructed.

Where irrigation is indicated drainage should be used. Many cases will require drainage where irrigation was not indicated.

The emptying of the tube and the time of its removal must be govern-

ed by the indications and progress of individual cases.

Irrigation with a normal saline solution cleanses more quickly and effectively than the most thorough sponging.

The irrigating fluid should not be too hot to be comfortably borne by the operator's hands.

Kansas City, Mo.

—Annals of Gynecology and Pediatry, Vol. XI, July, 1898, No. 10; A. H. Cordier.

BLENORRHAGIC ARTHRITIS.

Konig thinks it is advisable in all acute inflammation of the joints to examine the urethra. In 90 per cent. of the cases urethritis will be found. The cases may be divided into four groups—first, where effusion alone occurs; second, where there is formation of fibrin and thickening of the capsule; third, periarticular plegmon with impairment of the action of the tendons and elasticity of the ligaments; fourth, where anchylosis occurs very early. The writer advises the puncture of the joints and the injection of a solution of carbolic. If there is a periarticular affection the joint should be washed out.

-Boston Medical and Surgical Journal.

RADICAL CURE OF HERNIA IN INFANCY.

Froeligh at a recent session of the Congres Français de Chirurgie, discussed the indications of the radical cure of inguinal hernia in infants. and described his method of operat-This surgeon ing in such cases. holds that in children under 2 years of age inguinal hernia will usually be cured by the use of a suitable truss. Beyond this age spontaneous cure is an exceptional event, and an operation for radical cure is therefore indicated. In early life if a hernia increases in size in spite of the application of a good truss an operation should be performed, however young may be the subject. Such treatment, which is almost quite free from risk, will not only relieve the child of a permanent infirmity, but

also obviate the physiological failure likely to be caused by a large hernia. The mortality, it is stated, is about 4 per cent, and the relapses 6 per cent. The operation performed by Froeligh consists in simple ligature of the neck of the sac, which is retained intact and without any dissection from the scrotal tissues. and in careful suture of the abdominal wall. In the discussion on this paper Broca expressed his concurrence with regard to the indications for surgical treatment in young subjects, but at the same time held that it was advisable to deal more freely with the sac. In children as in adults there is no risk of peritonitis, and therefore, except with regard to the saving of time, no advantage can be gained by refraining from opening and removing the sac.

—British Medical Journal.

A FATAL CASE OF GONOR-RHEA.

Ghon and Schlagenhaufer record the case of a young girl who when admitted into hospital had been suffering for four weeks with pains in the limbs and the symptoms of influenza; four days before admission she had begun to have rigors, which were still continuing. On examination it was found that she had acute gonorrheal inflammation of urethra and Bartholin's glands. Intermittent fever developed and six days later there was sudden pain in the right foot, which became cold and bluish, while the sensibility of the whole limb was diminished. This became steadily worse, and in five days more the foot was gangrenous. The heart sounds had been previously obscured by murmurs, but now became audible, and enabled the murmurs to be recognized as mainly systolic and most marked at the base on the left side. The patient became rapidly worse and died next day. At the necropsy it was found that ulcerative endocarditis had attacked the aortic valves, and that septic abscesses were present in the myocardium; the heart was secondarily dilated and hypertrophied. The gangrene of the foot and leg was

the result of an embolus in the femoral artery. There was an abscess in the peritoneal covering of the posterior wall of the uterus. The gonorrheal process had affected the urethra, the vagina, and the cervical portion of the uterus. There was parenchymatous degeneration liver and myocardium gether with edema of the lungs. In the heart lesion gonococci were found, and the endocarditis was thus obviously gonorrheal. It is very noticeable that many of the ordinary signs of malignant or pyemic endocarditis, such as septic emboli and enlargement of the spleen, were absent, as also was the typical gonorrheal joint affection. The bacillus was tested by cultivation, and eventually by introduction into the human urethra; it was not present in the embolus, but was found in the retrouterine abscess. The urethra contained a large number of highly vascular polypoid excrescences, developed from the subepithelial connective tissue; these are common in subacute and chronic gonorrhea. point of entry of the infection into the blood or lymphatic system could not be determined.

-Wien. klin. Woch., 1898, No. 24.

VESICULAR MOLE AND DRUGS.

Keiffer seriously attributes the development of vesicular mole to the effect of emmenagogues taken during pregnancy. They set up proliferating arteritis, which interferes with the normal development of the placenta. He noted that in three cases where vesicular mole had developed the patients had taken emmenagogues—piscidia, viburnum, saffron and salicylate of soda. The latter drug had been prescribed to a young primipara for amenorrhea. Hemorrhages followed and Keiffer diagnosed pregnancy. In spite of appropriate treatment abortion occurred at the sixth month, and a vesicular mole was expelled. No normal placental tissue could be found; there was marked endarteritis, many vessels in the membranes being blocked by their proliferating endothelium. L'Obstetrique, March 15, 1898.

SYPHILIS OF THE UTERUS.

Legrain reports on three cases of syphilitic disease of the uterus. In all three cases the uterus was uniformly enlarged, but not fixed; the cervix was not ulcerated or eroded. In two cases there was metrorrhagia and anemia, and in the third purulent endometritis. Two of the patients had other syphilitic manifestations. Under specific treatment all recovered, the uterus resuming its normal size. The author considers these cases to be parenchymatous and fungous metritis caused by diffuse cell infiltration of the uterus rather than gummata. He thinks syphilis of the uterus more common than is generally supposed, and that some cases diagnosed as fibroids are really syphilitic.

—Ann. des Mal. des Org. Genito-Urin., April, 1898.

A METHOD OF RESUSCITATION IN APPARENT DEATH FROM ANESTHETICS.

Herzog gives the results of some experiments he has undertaken on animals with a view of testing the efficacy of Laborde's method of "rythmical traction of the tongue" in cases of apparent death from drowning and anesthetics. Laborde described his method at the Medical Academy in Paris in 1892. His at: tention was first directed to the question by observing the good results which he obtained in the laboratory on narcotized animals, by rythmical traction of the tongue. In eight cases of drowning, where the animal was kept under water for three and a half minutes, resuscitation took place in five cases. In Sylvester's method animals cannot be revived after one and a half minute's submersion. The directions for the use of Laborde's method are as follows: Place a piece of linen round the tip of the tongue, and grasp it with the thumb and middle finger, now pull the tongue forward with a jerk, and then relax it again; repeat this maneuver 20 times a minute. A sense of resistance is felt in the tongue before there is any attempt at respiration. Traction should be continued for 30 or 60 minutes. Herzog experimented on dogs. He administered chloroform till the respiration had ceased for one and a half minutes. He found that Laborde's method was useless in cases of asphyxia in a late stage of narcosis. In an early stage narcosis, however, Laborde's method is distinctly useful when associated with other forms of resusci-Traction on the tongue is tation. said to stimulate the centres in the medulla; this necessitates an creased blood supply to the part. The respiratory centre is in close proximity to the centres concerned in the movements of the tongue, the beneficial effect would therefore act on both.

-Deut. Zeit. f. Chirurgie, Vol. XLVII, pp. 5 and 6, 1898.

REST-A NEGLECTED FACTOR DIS-IN GASTRO-ENTERIC EASES.

In a paper on this subject at the recent meeting of the American Medical Association, C. V. Spivak (Denver) protested against the too frequent and general use of lavage, galvanization and other local mechanical measures in the treatment of gastro-intestinal diseases. His own method was to advise rest in bed in all serious cases, with entire abstinence from food for at least from one to three days, nutritive enemata being used if longer abstinence was necessary, with poultices over the epigastrium, which gave comfort and acted as a splint for the stomach. He recited histories of cases with hyperchlorhydria, gastric disturbance with pulmonary tuberculosis, membranous enteritis, and other affections in which failure of permanent relief by the usual methods of treatment was followed by cure of permanent amelioration of symptoms when the rest cure was employed. He considered this treatment indicated in all neurotic cases, in all cases with pain or diarrhea, and in almost all tuberculous cases, and he thought it never contraindicated.



THE BATTLE OF MANILA.

'Twas in Manila's bay
We saw the Spaniards lay;
Our ships were iron strong,
And iron hearts our men.
Brave Dewey led them on the way,
For which the foe did dearly pay
To Columbia! Home and beauty—

Columbia she expects to-day

Every man will do his duty.

Along the line the cannons roared; The dismayed Spaniards howled As they yielded to the aim Of our gunners true and bold. Brave Dewey led them on the way.

To Columbia! Home and beauty—Columbia must confess to-day
Every man has done his duty.

—T. Louis Brown, M. D., Lancet Clinic.

THE BEST AND THE CHEAPEST.

In prescribing either medicine or nutriment a physician must often consider the question of what is the most economical, as well as what is the best for his patient. And it is only occasionally that he is made happy by the knowledge that the cheapest is the best. He always knows that "the best is the cheapest," but this helps him very little if economy must be thought of.

John Carle & Sons point with pride to the fact that their prepared food, Imperial Granum, is the most economical, as well as the best food on the market, and in proof of this they ask physicians to carefully note the weight of their handsome "small" and "large" size air-tight tins, and also to kindly notice the length of time either one will last, bearing in mind that their sterilized tins form the lightest, as well as the safest retainer that can be used.

THE DANGERS OF ICE CREAM.

Dr. Danford Thomas recently held an inquest on a boy of 6, whose death was attributed by the jury to blood poisoning, the result of eating unwholesome ice cream. It appears that the child and an elder brother had eaten some of this comestible obtained from an Italian who was selling it from a barrow, the subject of the inquest consuming a double quantity. The next day symptoms of irritant poisoning set in; one child died four days later, the other re-The post-mortem appearances were consistent with death from the effects of an irritant poison. Some very wise and justifiably strong remarks were made by the Coroner as to the risks run by the consumers of these street commodities. It will be remembered that not long ago Dr. Klein made a bacteriological investigation of some icecream and of the water in which the glasses containing it were rinsed. with the result that both were found to be swarming with thousands of micro-organisms. Recently also some 20 cases of poisoning were reported among the customers at an ice cream stall in Antwerp, and no doubt this delicacy is responsible for more illness than is ordinarily attributed to it. Nor is this to be wondered at when we consider the sources of contamination arising from the quality of its constituents and the habitual filthiness of its vendors. It is manufactured from the commonest and stalest materials, and stored usually under the bed of the merchant in the purlieus of Saffron Hill. unsold residue is hashed up again, however far gone in decomposition it may happen to be. As the activity of the pathogenic bacteria is only temporarily inhibited by the process

of freezing very little hindrance is opposed to their incubation the favorable conditions afforded by their nocturnal depository. In addition to these circumstances every provision is made for the transference of communicable diseases from the children themselves, owing to the Italian conception of cleanliness as applied to the washing of the spoons and glasses used by them. Surely it is time that the sale and manufacture of this disgusting and dangerous delicacy was controlled and regulated by law. -British Medical Journal.

A MEDICAL DUEL.

A duel between two members of the medical profession has recently taken place in Paris. Dr. Jean Charcot, son of the famous physician to the Salpetriere, considering the memory of his father insulted by an article written by Dr. Lagelouze in the Opinion Medicale, challenged the writer. The duel came off on June 9, the weapon used being the sword. M. Charcot "received on the upper part of the thenar eminence a buttonhole wound four centimetres long. making it impossible for him to go on." Honor was declared to be satisfied and all ended happily. formal protocol was drawn up in which the circumstances of this terrific combat were set forth in detail with a solemnity worthy of the occasion. How so absurd a manner of settling a dispute can continue to exist among a people with so keen a sense of the ridiculous as the French it is difficult to understand. We have every sympathy with M. Charcot's veneration for the memory of his illustrious father, but he surely might find a better way of showing it than by getting a scratch on the ball of his thumb. Even the famous puncture of the integument of a royal abdomen was more of a satisfaction to honor than this. We venture to suggest that members of our profession who fall out should fight, if fight they must, in some manner likely to advance science. The hypodermic syringe occurs to us

as a natural weapon. They might try upon each other the effect of the latest antitoxic serum. In such a contest almost as much blood would be drawn as in an ordinary French duel, and honor would be satisfied in a manner not less heroic.

-The British Medical Journal, June 25, 1898.

LORD LISTER AT EDINBURGH.

Lord Lister was on June 15 presented with the freedom of the city by the Lord Provost. The ceremony took place in the McEwan Hall of the University in the presence of a large and representative gathering of citi-Wolseley, Viscount mander-in-chief, received the same honor, and the burgess tickets were contained in silver caskets of similar design. Lord Lister, in acknowledging the presentation, said that there was no city in the world an honor from which would have given him The maintebetter satisfaction. nance of the University of Edinburgh had always been a matter of deep concern to the municipality, and within his memory the appointment to a large number of chairs in the University was vested in the Town Council, which still exercised an important influence on the selection of professors. He dwelt on the liberal policy of the University and of the two Royal Colleges of Physicians and Surgeons, which in his own case had been of the greatest assistance, inasmuch as it enabled him to start a course of lectures soon after the expiration of his house surgeoncy in the Royal Infirmary. Such an advantage did not, at that time at any rate, exist in connection with any other medical school in Great Britain. It had enabled him to begin those investigations which had led to the freedom of the city of Edinburgh being conferred upon him, and highly as he esteemed that honor no worldly distinction could weigh in the balance against the hope that he had been the means to some degree of reducing the sum of human suffering.

-British Medical Journal, June 18, '98.



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CHOLERA INFANTUM.

BY HENRY DESSAU, M. D., Professor of Pediatrics, New York School of Clinical Medicine.

"About this time expect thunder storms," says the family almanac. In summer, especially during heated spells, expect to meet with severe cases of cholera infantum, or what I choose to regard as the malignant form of summer diarrhea. Hence a few words on this subject at this season are eminently in order. many years I have been convinced that the prime factor in the causation of cholera infantum was the condition of severe heat during our summer season. This view has lately begun to grow in the minds of authorities, while I published in the Medical Record in 1880 an article outlining these ideas. My object in directing attention to this point at this time is highly practical, as it involves the question of the best treatment.

Certainly there are numerous other outlying influences, such as previous attacks of indigestion from improper

food, or of diarrhea from decomposed food, so rendered by the action of germs and neglect in preparation, which reduce nutrition and consequently resistance to the depressing effect of heat.

But without the heated term and the lack of fresh air of our tenement, in large cities we would have no cholera infantum. By this is meant not every form of summer diarrhea, but more properly those cases followed by collapse and death.

I do not believe in calling every case of loose bowels in infants during the summer cholera infantum; nor even severe cases of summer diarrhea, though these undeniably will invite and often precede a genuine attack of cholera infantum.

Certainly the proper preparation and preservation of artificial infant food should under no circumstances be neglected in order to prevent an attack of cholera infantum; nevertheless breast-fed infants are frequently attacked with the disorder when in the very best condition, showing that the effect of high and long-continued temperature, with a large percentage of humidity is the prime cause. This is through the depressing or devitalizing influence exerted upon the cerebro-spinal nerve centres, at once interrupting normal processes of digestion and allowing the ordinary germs infesting the intestinal canal to manifest virulent action.

Upon these views I base the line of treatment, which experience has proven to be correct, viz., the use of cold in various ways, in other words, "keep the baby cool." Let the dress be cool, the surrounding air be cool, by going upon the water or in the shaded parks, or on the street in the early mornings, giving cool baths several times daily, plenty of cool (not ice) water to drink. Keep the sleeping apartments well ventilated, night as well as day. When artificial food is used keep it upon the ice until needed, when it should be warmed in the bottle.

When the attack occurs with frequent watery, projective stool, with high rectal temperature, restless ess, vomiting, thirst and collapse, irrigate the rectum with a decinormal salt solution (sodium chloride) at the ordinary temperature of the atmosphere until the return flow is perfectly clear of mucus or feces. to pass the soft rubber rectal tube, without any eyelet on the side, as far up the intestine as it will go without force; otherwise it will bend on itself and be expelled. tube can be passed its full length, in spite of the knowledge that there are an indefinite number of sigmoid flexures in the rectum of the infant, by gentle and patient maneuvering of the tube while the stream of water is running.

I have mentioned the use of decinormal salt solution, which I consider has its advantages. First, it does not irritate nor denude normal mucous epithelium. Secondly, being rapidly absorbed it replenishes the loss of blood serum in the vascular circulation, and so prevents shock or collapse, and restores the conditions previously existing. Besides all this, which is in every way important, it reduces temperature, and if not carefully watched may act as suddenly in this manner as to itself cause a condition of congestion or collapse from cold. Hence it is wise to wrap a small blanket about the child immediately after the irrigation, which should not occupy more than 20 minutes' time. The mother should be warned that there is likely to be a large, watery evacuation from the bowels soon after the irrigation in coverlet and of the contraction is covered to the contraction of the covered to the contraction of the covered to the

gation is completed.

As to internal medication, combined with such treatment, I do not place much stress. A few drops of whiskey can be given for a few hours and then stopped. A weak solution of bichloride of mercury, 1 to 4 or 6000, in doses of a teaspoonful every two hours, can be given. Where nervous symptoms are predominant chloral hydrate in small doses, or paregoric from three to five drops, can be given for several doses. All food should be stopped for the time being during the attack, and nothing but boiled water that has been cooled, or toast water or barley water that has been cooked over an hour should be given. As a matter of fact, a mixture of bismuth subnit. and mercury with chalk suspended in mucilage, sometimes with a few grains of sodium salicylate, is my favorite prescription. Where the results of too great loss of blood serum are decidedly marked in the prduction of great restlessness and tossing I find nothing equal to iron in restoring the abnormal condition of the blood formation. The potassio tartrate or some preparation of peptonate of iron will be found most eligible. The return to milk diet must be managed most carefully. Sterilized milk is perhaps the best to begin with or a whey where the function has been seriously injured. Small quantities is the rule, whatever is used, and by feeling one's way carefully for a day or so any good preparation of milk can then be continued. The simplest, and as good as any, is that modified and cooked in the double cooker, as set forth by me in the Clinical Recorder for July, 1897.

APPENDICITIS AND PERITYPHILITIS IN CHILDREN, WITH REMARKS ON THE ETIOLOGY, DIAGNOSIS AND MEDICINAL TREATMENT OF SAME.

BY LOUIS FISCHER, M. D.,

Professor of the Diseases of Children in the New York School of Clinical Medicine; Physician to the Messiah Home for Children; Attending Physician to the Childrens' Department of the German Poliklinik and to the Children's Department of the West Side German Dispensary; Consulting Physician, Diseases of Children to the United Hebrew Charities, etc.

The frequency with which the disease occurs in children has been observed by Demme, Matterstock, Baginsky, Oppolzer and a great many others. Thus, in the Children's Hospital at Bern out of 127 children 36 cases were pronounced perityphlitis; in nine of these coprostasis caused the disease. It is a well-known fact that males are more predisposed to this disease than females.

Fitz found out of a series of 247 cases of children and adults that 80 per cent. were males and 20 per cent.

were females.

Matterstock is a series of 72 cases of children found the disease in 51 males (70 4-5 per cent.) and in 21 females (or 29 1-5 per cent.).

ANATOMICAL POINTS.

According to Ransohoff, toward the end of fetal life the three ampullae or sacculi of the cecum are formed by development of the three longitudinal bands of muscular fibres, the taeniae coli by the enlargement of the right anterior sac; the conical shape of the cecum is changed to its later more tetragonal form. The apex is drawn more and more to the left, until at last it is close to the lieo-cecal junction. The appendix now lies on the posterior medial side of the cecum, partially concealed behind it.

Toft has studied the size of the appendix. In 35 specimens at the ninth month of fetal life, equivalent to the time of birth; the average length was 41-2 centimetres; the circumference at the upper funnel shaped portion was nine millimetres and at the lower cylindrical portion six millimetres. In children of months the appendix was five centimetres long and 10 millimetres in circumference at the upper and eight millimetres at the lower portion. In the fourth year it was six centimetres long, ten millimetres in circumference, and in the seventh year it was seven centimetres long and 10 millimetres in circumference. In adults it is ten centimetres long and 13 millimetres in circumference. The appendix is comparatively longer and wider in children than in adults. The mucous mebrane of the cecum and appendix is analogous to that of the colon. This proves that the physiological action is one of absorption favoring inspiration of the fecal matter and the formation of former fecal concretions.

According to Gerlach the mucous membranes at the entrance of the appendix form a valve which is usually developed between the ages

of 3 and 12 years.

Ransohoff found that this valve prevented injections from the cecum from entering the appendix, which it seems is in this way to a great extent protected from the invasion of small foreign bodies. A very important point is the relation of the peritoneum to the appendix and cecum. The appendix has an entire peritoneal covering and the mesentery (so-called mesenteriolum), the length of which determines the mobility of the appendix. One of the folds in the latter forms Luschka's ileo-cecal fossa. When extensive inflammation from within outward, with perforation at the appendix, takes place, then necessarily peritonitis must follow.

According to Ransohoff, quoted by C. Fengey (Keating), a retro-cecal intra-peritoneal inflammation and paratyphilitis is an anatomical impossibility, for any inflammation extending from within outward, rising from the cecum or appendix must cause intraperitoneal inflammation, and this is a peritonitis.

Kraussold describes the various positions in which he has located the

First. Behind the cecum and the

ileum on the right or lower side of the mesentery.

Second. He has found it along the right border of the ascending colon

point upward.

Third. Down over the pelvic border, or extending from behind around the ileum at this junction with the cecum. This is of extreme importance in the diagnosis of a local appendicular peritonitis, and the most vital point worth noting is the change of location that the appendix accounts

pendix assumes.

In his text book on diseases of children Professor Baginsky lays a special stress on traumatism as an etiological factor in this disease, and thus he believes that tossing children about, violent exercise, especially while turning, can cause this While we recognize the disease. fact that this disease is due to local infection caused by micro-organisms, we must not lose sight of the fact that mechanical injury to the mucous surface of the appendix and cecum from hardened feces can cause this disease, by exciting a local inflammatory process.

Bossard states that drastic cathartics and emetics and enemata can cause this disease. This certainly must be modified, for where an ulcer pre-exists and is on the verge of perforation, or an undiagnosed, localized abscess exists, such condition will tend to be irritated by the three agents above mentioned. I do not believe, however, that they can

cause this disease directly.

The primary lesion is rarely found in the cecum, more often in the ap-

pendix.

According to Bossard, every little semi-solid accumulation of feces in the appendix is not pathological. Intestinal catarrh has been quoted by some authors to have been a forerunner of appendicitis. It is not the province of this paper to go into the bacteriology of the disease further than to say that we know that by means of an invasion of micro-organisms, an acute infectious process is established, resulting in inflammation and suppuration. At times the disease can be controlled or modified so that the suppurative process is not reached. In other words we

can frequently limit an appendicitis by proper treatment and anti-phlogistic remedies, so that the disease will remain not only localized, but quiescent.

Baginsky believes that spinal disease of the pelvic bones, including Psoas abscess, sometimes push themselves forward to the region of the

cecum.

SYMPTOMS.

Pain is one of the first symptoms, not only noticeable on palpation, but is frequently complained of in the region of the cecum if the child is old enough.

One of the earliest symptoms is vomiting. Frequently constipation. Children seem to compain of

periodical colicky pains which seem The apto appear spontaneously. pendix can frequently be felt as a hard, thick cord (owing to its infiltrated condition), quite movable in the abdominal cavity. It lies about the height of the crest of the ileum anteriorly, about an inch from the umbilicus. It is necessary to palpate downward and inward. If this premonitory condition has been either neglected by the parents or overlooked by the attendant, or if the usual treatment has not been successful, then through irritation of the peritoneum, or through spreading of the inflammation, from the appendix to the surrounding peritoneum, and the result is a perityphlitis. When this latter condition exists we can frequently notice the pains more intensified, especially in the ileo-cecal region, or that region corresponding to the anterior superior spine of the ileum. The vomit-The stool is ings also increased. usually hard, and the bowels constipated. There is also difficulty in passing water. The abdomen usually distended; the skin hot. The children usually appear very sick, and lie with their legs drawn up and thus relax the abdominal muscles. The pulse is small and increased in frequency. The radial artery appears narrowed. Careful inspection and palpation in the same region where the pain is concentrated will frequently reveal a localized exudation varying in size. All will now depend on whether the exudation will be absorbed or whether a spontaneous rupture will distribute the infection and cause a general peritonitis. There is intense thirst in some cases, in others merely dryness of the tongue and lips. There is distinct anorexia. The temperature reaches from 101 to 105. The pulse rises usually before the pain, and is usually from 100 to 120. It is not a safe guide to rely on either the elevation of the temperature nor on the high pulse rate. In very young children the attack is ushered in with convulsions, whereas older children frequently have chills. Icterus with deep pigmentation of the skin and the conjunctival mucous membrane may occur but rarely. Diarrhea is rare, but frequently occurs. There is frequently such distinct retention of urine and pain in the region of the bladder and external genitals that we may be misled from the actual seat of the disease. Frequently the symptoms of typhoid fever are so well marked that it is well to note the characteristic Widal reaction in differentiating appendicitis.

If, however, the diagnosis is positive, and we can localize our tumor in the right ileo-cecal region, then the treatment is very simple, especially so if the exudation remains extra-peritoneal. Here usually the symptoms will abate in intensity, although fever will remain. Pus if positively diagnosticated, should be removed and it is, in fact, well to call a surgeon at once, when the tumor can be felt. It is not necessary in my opinion, to operate every case of appendicitis, since a great many of them are not malignant, but simply catarrhal. I refer only to the disease as I have found it in infants and children. It is well, however, to bear in mind that such guished pediatrists like Baginsky have reported cases in which the pus has found its way through the cecum, through the bladder and also the rectum. These are all non-operative cases.

THE PROGNOSIS.

The prognosis is uniformly favorable in adhesive or plastic appendicular peritonitis, but since we know that such conditions, when dormant, can be easily rekindled, it is a good plan to keep patients that have suffered an attack of appendicitis months, and in some cases years, on a strict diet, and under careful ob-At times the slightest servation. dietetic error may cause not only a renewed attack, but a fatal suppurative form of the disease.

TREATMENT

The first remedy which we should insist upon is rest in bed. Next, it is advisable to inquire into the condition of the bowels, and if constipation exists then a large enema consisting of several ounces of glycerine mixed with one or two pints of lukewarm water should be thrown into the colon slowly, to flush it and to remove hardened feces.

Some authors advise giving enema of one or two ounces of sweet oil one-half hour before the large aqueous injection. Some other authors advise giving calomel and other cathartics by the mouth, but since we desire to give the inflamed portion of the intestine as much rest as possible it is not advisable to pursue this plan. An ice bag should be applied over the tender portion of the abdomen and left in situ night and day. The best drug is opium in the form of tincture of opium or the extract of opium. We need not despair even if the child has evacuation from the bowels for a number of days. Some authors, like Baginsky, believe that eight days and longer will do no harm to have the child constipated.

If the temperature is very high and the child in a robust condition with extreme tenderness and pain in the ileo-cecal region, then a few leeches will do excellent service. A good plan to follow is not to irrigate the colon and rectum with an enema for several days after the fever and

pain have subsided.

LOCALLY.

The application of iodoform ointment or ichthyol ointment, mercurial ointment or

R-Tinct. gallae. Tinct. iodin.

Equal parts to be applied locally with a camel's hair brush.

During the course of treatment, it is advisable to give very small quantities of ice cold milk, in fact, only a liquid diet, and this very sparingly; small quantities at a time.

In conclusion permit me to say that the great majority of children recover from appendicitis, and that the suppurative form so fatal in adult life is uncommon in children.

Where surgical interference is called for the same rules governing adult operations hold good in chil-

dren. Personally I believe that we operate too much, rather than too little in this disease.

In his text book, on diseases of children Professor Baginsky lays stress on a large series of cases observed by him in the Children's Hospital, at Berlin, most of which were not influenced and some ending fatally after the operation. He, therefore, warns against too hasty surgical interference.

-187 Second avenue.

A QUESTION OF DIFFERENTIAL DIAGNOSIS, ESPECIALLY APPLIED TO THE DIFFERENTIAL DIAGNOSIS OF MULTIPLE NEURITIS AND LOCOMOTOR ATAXIA.

J. J. MORRISSEY, A. M., M. D.,

Professor of Practice, New York School of Clinical Medicine, Visiting Physician to St. Joseph's Hospital.

There is no physician so eminent in his profession or so well versed in all its details that at times he does not commit mistakes in diagnosis. While this assertion may be applied more forcibly to the general practitioner the specialist is not exempt from making errors in his own particular line of work. The human system is so diversified in its organization, so complicated in its forces, each individual being in himself a microcosm embracing a multitude of details, that to the keenest mind the problems afforded by the want of that equilibrium which we call disease, and whose perfect harmony constitutes health, oftentimes lack perfect solution.

It is only by individual investigation in a multitude of diseases, by closely observing the infinite variety afforded in a contemplation of disease factors and studying the revelations of the autopsy table, as well as that infinitesimal world disclosed by the microscope, that the studious and discerning practitioner becomes the able and skilled diagnostician.

The highest powers of the mind are brought into action in ferreting out the causes of disease and successfully coping with their consequences. Herein lies one of the chief charms of the physician's life. To accurately mark out the limitations of an

encroaching disease, to see, as with prophetic eye, especially in some forms of cardiac trouble what the ultimate outcome will be, is not only self-satisfying to our powers of observation, but is full payment for the sacrifices we have made in our studies

We should all strive to cultivate accuracy in diagnosis, and not be contented with the superficial symptoms which, apparently slight in themselves, may mask a grave disease.

Our attention was forcibly directed to the necessity of an accurate diagnosis by the fact of a man being sent into our wards at St. Joseph's Hospital with a history of developing locomotor ataxia. The patient was a male, 50 years of age, laborer, with a well-defined alcoholic history. There was absolutely no specific lesion present, and no history of a chancre or gonorrheal infection. He was not a drunkard in the broad acceptation of the term, but had indulged daily in spirits, not so much though as to interfere with his occupation.

Two months before admission he had complained to his physician that his extremities "felt numb," and that he did not seem to have as much control over his legs as formerly, and now and then he tottered "as

if his body was too heavy to be sup-

ported by his feet."

He also noticed that the "morning vomit" which had troubled him for some months had grown worse. His vision was excellent.

On examination I found a fairly well-nourished man, of considerable muscular development and with good heart action. There was some tenderness over the epigastric region, with an inclination to vomit when the stomach was pressed upon. His liver was small and sensitive on pressure, no signs of jaundice being present, but as he was a whiskey drinker we did not expect to find this prominent symptom of certain liver disorders.

An ataxic gait was immediately discovered on walking, and the tremor which could only be seen upon became close observation marked as he attempted to walk. The characteristic foot-drop of alcoholism was in evidence. On testing for the patellar reflex it was found to be in evidence, but very much modified. Romberg's symptom was present. There was no "girdle" Now, these symptoms sensation. can be found well marked in two diseases, namely, tabes dorsalis and multiple neuritis. If the examiner is satisfied with these "findings" and pursues his investigations no further, in the majority of instances he will choose the more formidable complaint. Thus it was in this particular instance; guided by these few symptoms the diagnosis had been made and the patient informed that he was practically incurable. closer investigation demonstrated the absence of the Argyll-Robertson sign, where the pupil contracts for accommodation, but is irresponsive to light, and which is invariably present, even at an early stage of locomotor ataxia; the bladder was not at all involved, either in the direction of incontinence or retention, and while undoubtedly there was pain, it was an acute tenderness, continuous in character and not partaking of those paroxysmal attacks which accompany the development of tabes. The history of the case also disclosed that the ataxia symptoms had manifested an acute development, while it is well-known in locomotor ataxia the loss of muscular strength is gradual.

A favorable prognosis was given based (1) upon the alcoholic history, (2) the presence of the foot-drop, (3) the absence of the Argyll-Robertson sign, (4) the acuteness of the attack, (5) the absence of sphincter involvement and (6) of the "girdle" symptom, and the patient made a te-

dious but sure recovery.

The favorable outcome of the majority of cases of multiple neuritis proves that no matter how extensive the paralysis caused by the inflammation and degeneration of the peripheral nerves the nerve centres are not involved. Its presence may often be due to the undermining influences of some miasmatic poison, as malaria, and to those who are peculiarly susceptible to malarial influences the disease develops with remarkable rapidity. But as in the latter disease arsenic is often used it frequently becomes a question whether the use of the drug is not an important factor in developing the disease. It occurs as an epidemic in Japan and South America under the name of beri-beri, or kakke. On the continent it has been described under the name of "acrodynia." There is a so-called "rheumatic" form, which on superficial examination would not be recognized as a neuritis, just as the incipient signs of tabes are often classed as manifestations of rheumatism.

There are sensory disturbances, numbness of the hands and feet, with tenderness of the soles, or perhaps of the whole extremities. the symptoms of the disease are not necessarily confined to the lower portions of the body. The nerves of the face and eyes may be involved, and the patient be unable to help himself in any way. Many of the classic symptoms of locomotor ataxia are present as we have shown, but the "girdle" symptom is generally absent, though there may be slight involvement of the bladder from other causes, thus making the diagnosis. more obscure.

Many a brilliant reputation has been established among the upper strata of society by a physician making a diagnosis of locomotor ataxia and two months afterward curing a multiple neuritis of alcoholic origin.

There are at least two distinct types of neuritis, the interstitial and the parenchymatous. Clinically there may not be any absolute line between the two forms, only the interstitial is found predominating among conditions where rheumatic influences are prevalent. It is the parenchymatous which is found in multiple neuritis. In this form there may be involved only segments of the nerves, hence the term "segmental neuritis" is often applied.

Another patient, a female, aged 18, domestic, whose previous history had been excellent, was sent in as a neurasthenic. She was irritable. restless and unable to confine her attention, being recalled frequently to the subject in hand during conversa-She complained of tachycardia, her pulse averaging 132 to the minute. There was no exophthalmos, but there was found considerable enlargement of the thyroid. She was accordingly treated for the goitre, and the neurasthenic symptoms were quickly dissipated. treatment of the two conditions is so entirely different that an accurate diagnosis should be established, and this cannot be done by a superficial examination of the pulse, where the rapidity is supposedly due to functional palpitation, or to the natural nervousness arising in the course of the examination.

A paper read at the June meeting of the Harlem Medical Society by Professor Manley on "Surgical Lesions of the Shoulder Joint," and in the after discussion of which the writer participated, gave rise some interesting points in differential diagnosis viewed from a medical standpoint. One of the most common errors committed by the surgeon is to mistake a periarthritis, or any other disease which causes a mechanical impairment of the shoulder joint, for paralysis of the deltoid, the diagnosis being based upon the fact that the patient cannot raise the arm from the shoulder, together with an oftentimes marked wasting of the deltoid. The atrophy is due to the secondary effects of the joint disease, the condition being easily disclosed by passive motion. Where paralysis exists there is no obstacle to passive motion, but where the joint is involved by an inflammatory exudate there will be decided resistance. When periarthritis is present the patient may be able to raise his arm, however slightly; while the impairment due to paralysis of the deltoid is absolute.

In passing it might be mentioned that while tuberculosis may be found in any of the larger joints, I have never seen a case of tuberculosis of the shoulder joint, and my experience in the sphere of tubercular affections has not been limited.

There are many of the acute diseases which may as an after consequence develop some lesion of the shoulder joint. Thus, after typhoid or scarlatina, a neuritis may develop in the shoulder, which to the casual observer strikingly simulates poliomyelitis. There is great tenderness and wasting with rapid onset of all the symptoms, but in the etiology of the disease a favorable prognosis will be found.

Another common source of error is that in dislocations of the shoulder injuries to the brachial plexus are common, but the wasting and paralysis following such traumatic lesions are apt to be attributed to involve-

ment of the spine.

Gonorrheal infection of a joint is verv often mistaken for acute articular rheumatism. A case in point will aptly illustrate this statement. Some two months ago I was consulted by a girl, 16 years of age, residing at home, who complained excessively of pain in the left wrist. She informed me that she had undergone an attack of rheumatism a year ago, and ascribed her present condition to a recrudescence of her ancient enemy. Her modest appearance, her family surroundings, her age and the fact that she complained of some slight pain in her knees, compelled me to diagnose a rheumatic process. But when she returned in a few days with the wrist in the same condition, no improvement having followed the exhibition of the salicylates, and the joint, instead of being red from the acute development of

the rheumatic inflammation, was found blanched in appearance, I suspected the presence of the gonococcus. On closely questioning her this "demure little maiden" acknowledged with much bewailing her indulgence in the forbidden fruit, and a consequent change of treatment resulted in her recovery.

Mono-articular inflammation is generally indicative of gonorrheal infection, other causes being elimin-

ated, in maiden or youth.

In the examination of patients in whom there is every reason to suspect a latent tuberculosis many errors from a diagnostic point are committed. The diagnosis of an incipient tubercular condition of the lungs in many cases is very difficult. There is apt to be so much bronchitis associated with the tubercular development as to mask the more serious malady, and require upon the part of the examining physician the most careful research. In the minds of most physicians there seems to exist the belief that if the focus of infection is not localized in the apex of the left lung a careful examination will not disclose its presence at other places. I have found very favorite site for the localization of the incipient tubercular process to be between the scapulae, and more frequently a point lying midway to the right of the spinal column and that bone.

Upon a cursory examination this point of infection will not be found, as the muscles are thick, and even with deep percussion, nothing abnormal will be elicited, but if the patient is directed to place his right hand on his left shoulder, drawing the arm over the anterior portion of the chest, thus producing a tense condition of the thick muscular layer lying over the scapular region, the examiner will be able upon deep percussion and auscultation to readilv find evidences of the disease if any are present. In cases of catarrhal phthisis the associated bronchitis frequently conceals the signs of consolidation, so that the diagnosis of phthisis is not generally made until the formation of a cavity has given rise to unmistakable cavernous sounds. The diagnosis of incipient pulmonary tuberculosis is one of the most difficult problems that can confront the physician, and its early recognition is of such great importance that the most careful. thorough and accurate examination should be given every patient whose personal or family history would lead one to suspect its presence. The earlier the diagnosis is made the better the prognosis. In the incipient stages it is not a question of medication. The hardening of the body against atmospheric influences by outdoor life and hydrotherapy, appetite resulting increased from these agencies with a consequent high degree of nutritional vitality, these are the proper sources whence to look for the amelioration, if not the absolute cure, of incipient tuberculosis.

The early development of tuberculization of the lungs, long before the clinical manifestations are in evidence, is closely accompanied by two diseases, namely malaria and gastric These conditions may be catarrh. combined or independent of each other. The history of a large proportion, in fact, the majority, of cases in my service at St. Joseph's is that they have been affected with malaria and have been treated for that disease. There is a typically intermittent fever accompanying the deposition of tubercles which is apt to mislead the physician, and especially in malarial localities, the pulmonary affection may pursue its latent course unrecognized.

The same warning may be given concerning the development of gastric catarrh. The latter disease frequently declares itself in those in whom the predisposition to tuberculosis is evident, months before there appears a general invasion of the

system.

Of course it may be argued that the general malnutrition arising from the non-assimilation of food so much undermines the systemic forces as to make the patient fertile soil for the development of the tubercle bacilli. But the gastric condition is found so frequently without other assignable cause as to make the careful physician suspicious of impending tuberculosis.

In this connection it might be mentioned that an elongated uvula or an acute pharyngitis may oftentimes give rise to symptoms of cough with slight hemorrhages, closely simulating phthisis. A case was recently brought to my attention by a laryngologist of this city, where in a young woman, 18 years of age, a diagnosis of tuberculosis had been made, based upon the fact that she had suffered from bronchitis, with incessant cough, and occasionally a slight hemoptysis. The cough was so persistent in character as to forbid sleep, except when a hypnotic had been given. She had grown thin and anemic, and there was so much disturbance of her nutritional centres that food could not be assimilated.

There was nothing about the lungs to indicate an impending tuberculosis, nor could anything be found in her family history upon which to base such a diagnosis. Her ticket had been purchased for Denver, and every preparation for a long sojourn had been made. It is remarkable that her throat had never been examined, and this despite the fact that the cough was incessant, in itself a suspicious occurrence and pointing to a local affection.

The uvula was found elongated and cut, the hyperaemic condition of the throat was satisfactorily treated, after which the cough and hemoptysis disappeared and the girl never went to Denver. She quickly re-

cuperated under tonics.

These few cases might be multiplied ad infinitum. They serve to illustrate not so much the lack of knowledge upon the part of physicians, as the carelessness with which a diagnosis is made. In this particular department of medicine there lies an exhaustive field of fertile inquiry, and with the scientific appliances which the progressive physician finds at hand to enable him to properly diagnose a patient's condition, coupled with his own skill, such mistakes should not so frequently occur.

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THE SERIOUSNESS OF GONORRHEA.

BY FERD. C. VALENTINE, M. D.,

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(From notes of a lecture delivered before the Genito-Urinary Class of the New York School of Clinical Medicine.)

"Only a clap," in a deprecatory or flippant tone, is the manner in which many comment upon having been affected with gonorrhea. The efforts made by the profession everywhere to duly impress patients with the seriousness of the disease seem to have borne comparatively little fruit, as quacks and nostrums continue to flourish with mercantile advantage. The untimely graves that are filled, the wives and children ruined by the levity with which the disease is viewed, do not seem to bring it into public importance sufficient to lead to its proper serious consideration.

The purpose of this paper is to place before younger practitioners some of the more important points which demonstrate, as has been so often emphasized, that clap is a serious disease. And it lies with these younger colleagues to conspicuously bring before their patients the need of giving weight to the ailment. Older practitioners and particularly specialists in genito-urinary diseases require none of these admonitions; their practice is made up principally from or through that immense number of people who had lightly disposed of gonorrhea as "only a clap."

The disease itself in its inception must necessarily be treated by the general practitioner. If imbued with its importance and understanding the value of the irrigation treatment, as elsewhere described (1) the seriousness of the disease is mater-

^{1.} Valentine: "The Irrigation Treatment of Clap," International Journal of Surgery, September, 1898.

ially reduced, as is its duration. Indeed, it is due appreciation of its seriousness that leads practitioners to employ irrigations in gonorrhea.

But it is not the general practitioner nor the genito-urinary specialist alone who is concerned with gonorrhea. The gonococcus, as has been proven over and over again, spares no part of the body. And, in proportion to the distance from the urethra that is the organ invaded, the more serious the disease becomes.

Let us consider, in mere outline, the localities that are infected, and consequently the specialties that are interested in gonorrhea, and it will be seen that but few are free from it.

THE BRAIN.

Gonococci have been found to cause death by their presence in the fourth ventricle. I am not aware of their being found in the meninges, but from the character of these structures there seems no reason for their escape.

THE NERVOUS SYSTEM.

One need not long be engaged in the clinical study of genito-urinary diseases before he is convinced that a large number of the patients, especially those with gonorrhea, suffer a nervous depression. These and the few who are free therefrom, manifest many reflex symptoms, often wrongly attributed to simple neurasthenia. And the longer the initial disease is allowed to continue, the longer the apparent neurasthenia persists, even after the disease that caused it has disappeared. Whether this is due to a specific toxine of the gonococcus, or whether to the concomitants of the disease, is one of the numerous questions still to be studied. At all events much could be learned, in my opinion, if the urethrae of unexplained suicides were examined for gonococci or the lesions produced by them.

THE EYE.

The fact that the conjunctiva is at least as favorable a culture medium for gonococci as is the urethra, was manifest long before Neisser discovered the microbe. In another paper (2)

statistics are quoted, showing that of 100 children born with healthy eyes and who went blind afterward, 80 lost their sight through gonorrheal infection during birth. The proportion of men who lose their sight from gonorrheal pus being carried into the eye is now fortunately smaller than formerly. To-day even the youngest practitioner does not neglect to warn patients of their danger and usually sums up his directions in:

1. Do not touch anything, especially not your face or spectacles, after handling the penis, at urinating or dressing it, until you have thoroughly washed your hands.

2. Burn bits of cotton or gauze that have been used as dressings.

3. Do not use a towel for the face after it has been used for the hands.

4. Protect the bath from infection by using a condom over the dressings on the penis, during the entire bath.

With even these simple injunctions the frequency of gonorrheal ophthalmia in adults has been materially reduced.

THE HEART.

The lining of the ventricles has been found to contain gonococci, causing death from endocarditis. Many cases doubtless have gone to the grave, in which the heart was not examined for this bacterium, which might have given the solution for an otherwise unexplained demise. Very much light on this and allied subjects is justly expected from a paper soon to be presented before the New York Academy of Medicine on "Gonorrhea as a Systemic Disease," by the eminent investigator, Boleslaw, Lapowski, M. D.

THE JOINTS.

Even novices in the profession are too familiar with gonorrheal rheumatism to warrant much more than its mention. And very few specialists have tapped the joints in hydrarthroses without finding gonococci in the fluid, if the patient has gonorrhea. That he may harbor gonococci without manifestations thereof is now well known. (3) The number of

^{2.} Valentine: "When May Gonorrheal Patients Marry?" American Medico-Surgical Bulletin, October 1, 1895.

^{3.} Valentine: "Recurrent Gonorrhea."
—Atlanta Medical and Surgical Journal,
September, 1898.

joints lost in consequence of gonorrheal inflammation speaks loudly for attaching sufficient importance to the original disease, if nothing else did.

THE FEMALE GENITALS.

In a little paper presented before the American Public Health Association (4) mention was made of the statistics which show that of 100 women dead of the diseases of the womb and adnexa, 80 died in consequence of gonorrhea, of which the husbands deemed themselves cured long before. The seriousness of gonorrhea in the male is manifest in this fact alone; it emphasizes as well the absolute need of assuring oneself that the patient is cured (5) before dismissing him in fancied security. Equally, when a woman infected with only vaginal gonorrhea ceases to have any evidence of the disease that may be appreciable to her, she should not be dismissed until searching examination (6) simple enough in itself, has proven her to be really free from gon-

The principal direct consequences of gonorrhea to the male genito-urinary organs need but be mentioned to recall the gravity of the disease.

THE GLANS AND FORESKIN.

Balanitis and balano-posthitis are easily cured, even if gonorrheal, by cleanliness and light dusting of the glans and lining of the foreskin with nosophen. If, however, the prepuce is long and heavy, recurrence these affections is amenable only to circumcision, or at all events to material shortening of the sheath. Unsurgical as is the latter the operator is sometimes obliged to yield to his patient's prejudice against apparent "hebraification." Without the little operation persistent cases due very large and heavy prepuces are intractable. The operation itself, by shown method more easily than described in detail, is done physician's the office, der local anesthesia only, and does not keep the patient from his business longer than the time required for the procedure itself.

The prepuce is liable to phymosis and paraphymosis as an immediate result of gonorrhea, with all the dangers of the posterior contraction.

Neglected balano-posthitis may result in very heavy adhesions of the foreskin and glans, causing deformity that may make erections exquisitely painful and render coitus impossible.

THE PENIS AND URETHRA.

The meatus may become contracted from gonorrhea. Among the consequences may be that urethrospasm so graphically described by Otis over 20 years ago, leading to retention of urine, with all its dangers to life.

The penis, in consequence of clap, may become the seat of periurethral abscesses, whose destructive tunnelings may irremediably deform the

organ.

The anterior urethra readily becomes the site of chronic gonorrheal inflammation, which requires more than ordinary attention to cure (7) and until cured is not unlikely to drive the patient to despair. From soft infiltration, as described by Oberlaender, to intransitable stricture lie all the gradations that affect the urethral calibre, which destroy the patient's health and menace his life.

The posterior urethra is equally liable to chronic gonorrheal inflammation, which it can carry for years without external manifestations. It may, through anterior stricture, be caused to burst, producing urinary infiltration, needing often a life-endangering operation for its immediate relief, and too often leaving a urinary fistula that renders the patient's existence unendurable.

THE TESTICLES.

The testicles and epidymes may be destroyed by gonorrheal inflammation, with consequent abscesses, hopelessly emasculating the patient early in his sexual vigor.

THE SEMINAL VESICLES.

The seminal vesicles often become the seat of gonorrheal inflammation, with not only reflex manifestations,

^{4.} Valentine: "The Protection of the Innocent from Gonorrhea."—St. Louis Medical Fortnightly," October 15, 1896.
5. Valentine: "The Proofs of Cure in Gonorrhea," Clinical Recorder, April,

^{6.} Valentine: "Residual Gonorrhea in Women," Journal of Surgery and Gynecology, July, 1898.

^{7.} Valentine: "Chronic Urethritis; its Scientific Treatment," Clinical Recorder, January, 1898.

such as intense pains radiating through the perineum to the legs, but also to recurrences of gonorrheal urethritis, elsewhere touched upon.

THE PROSTATE.

Authors differ in the frequency with which gonorrhea extends to this important gland. The lowest estimate is 33 per cent. Accepting this, then, one-third of the men who have gonorrhea are in danger not only of prolonged suffering, but go about with their lives menaced by abscess of the prostate.

THE BLADDER.

One need have seen but one case of acute gonorrheal cystitis to ap-

preciate its physical and psychical horrors. Fortunately this disease is rapidly amenable to active treatment, especially by irrigations.

URETERS AND KIDNEYS.

The ureters and kidneys are liable to gonorrheal infection directly from the bladder. When this does not bring death it produces long and intense suffering, which is slow to yield to treatment and may require removal of a kidney.

These bare outlines, I think, warrant asking my younger colleagues to attribute to gonorrhea the serious

consideration it merits.

-242 West Forty-third street, New York.

CLINICAL RECORD OF GROUP OF SURGICAL CASES OF SPECIAL INTEREST TREATED DURING THE PAST YEAR—HOSPITAL, DISPENSARY AND PRIVATE CASES.

BY THOMAS H. MANLEY, M. D., New York.

While the sciences must necessarily constitute the groundwork of progressive medicine, anatomy, physiology, chemistry, pathology and bacteriology, each occupying an important sphere, yet the new beginner, who starts out on his career with no other guide than a crammed, illdigested knowledge of branches is doomed to early chagrin and disappointment. He has not yet learned the practical side of medicine, and until he does he is little more than a dangerous experimenter, bound to inflict much harm before he falls into the right path.

A glaring illustration of the wide difference between theories and practice we have recently beheld in our

late war with Spain.

The credulous, unsophisticated amateur would assume from the many over-colored vaporings of enthusiasts that by the the utilization of the latest acquisitions of science and art military medicine and surgery must be revolutionized and rewritten, our advances and improvement having been so great. But what are the facts?

Well, let us candidly confess the truth and admit that though 33 years have passed since the Civil war we have no evidence that in those

three decades any great advances have been made in medical or surgical prophylaxis of campaign life. Antiseptics have sustained a bad setback, the mortality from abdominal section has been great, while those penetrating wounds of the peritoneum treated by the let-alone plan have generally done well.

Dr. Senn's late contribution from the Relief points to practically nothing new, and again comes the worst blow to sanitary science, our boasted over the contagium is little more than a myth. Our panic-stricken commanders at the front pitifully appeals to the Government to transport their army North before the pestiferous diseases of Cuba blot them out, as neither hygiene nor medical art is competent to prevent or mitigate them. short war has taught us, as the Madagascar campaign did the Italians, a practical lesson, and led us to question many things which our laboratory authorities would have had us believe were as fixed and immovable as the fabled laws of the Medes and Persians.

The practical, or the clinical side of the healing art is its very soul and life. Let the novice witness the treatment of a half dozen fracture cases, and it will do him more good than a month's reading on theory and speculation. It is therefore of vital importance that our collateral studies of the cognate branches of medicine be illumined, leavened and strengthened by clinical studies and immediate personal observation.

The record of cases by an unbiased observer is always of interest and value; therefore in this instance, with the very limited space at my command there will be noted a few cases of a class of lesions of more

than passing interest.

FIRST: TUMORS OF THE LYMPHOID ABSORBENTS.

Briefly and roughly speaking, though tending to suppuration or extensive and rapid hypertrophy, these tumors are either specific in the inguinal region, and tuberculous in the cervical.

Thirty-four such cases have come under my care in the past year, most of them having been sent to me for surgical treatment. This meant that palliative measures had entirely failed.

My course in these cases is incision

and ablation complete.

In all these cases a free, wide incision provides us with great security in dissection, but in the submaxillary, or supra-clavicular areas of the female, for cosmetic reasons we are often forced to make as small an incision as possible, with a view of leaving a minimum cicatrix.

Strumous neoplasms in the internal cervical areas are removed with ease and rapidity in most instances by an experienced operator. If the inexperienced undertake these operations on the neck he should first make a few thorough dissections on the cadaver; else serious consequences through damage of some of the many vital structures which pass down over the cervical isthmus is possible. After complete enucleation here we should close with fine silk rather than gut, which leaves a rosary of scars.

The excision of bubonocele is not difficult, because we may here widely expose the deep parts by a free incision; caution only is required that in dissecting we nibble carefully with the blade when we sink down on the great blood trunk, and always keep

close to the capsule. It is curious to note that in venereal bubo, do what we will, primary union of the incision seldom occurs. It has been said that this is because the integument cannot be well disinfected here. This is an error evidently, for the reason when we cut in this situation over the inguinal fold for hernia, spermatocele or other condition, the parts promptly close in.

SECOND: FRACTURES.

During the past 12 months 53 cases of fracture have come under

my care and notice.

It is a most singular thing, but the fact remains that of late years there has been neither in England nor America a real, up-to-date work on the management of complex fractures. Here the young man is quite at sea, for one author will tell him that immobilization is necessary from 1 to 3 months. He tries it on a fat old woman with an intracapsular fracture of the femur, and he is rewarded with a vast bed sore, and later, possibly, death. He next tries it on a colles. After a month, when the fixation is removed, he finds every joint carpal and digital anchylosed. Turn again to a French surgeon's late work on fracture treatment and we will find that he urges the ambulent treatment with no splints at all, and motion with massage from the very first day.

The fact is that the proper treatment of fractures in general is a science in itself, of which the profession as a whole know very little. But few are familiar with Ollier's monumental work on this topic, or the fact that a fracture, like a lesion through the soft parts under proper treatment may often do solidly unite by primary union. My course in fracture treatment is based on simple fundamental principles, the most cardinal being not to in any manner

embarrass the circulation.

Our greatest and most substantial advances in this direction have been through utilizing osteoplasty in compound fracture, and the application of prothetic apparatuses. An enormous gain, too, has been possible by embalming all serious shattered fractures until the demarkating line is formed, if it form at all; in other words, dispensing in toto with pri-

mary amputations. It has been my invariable custom in all fractures, simple and compound, not to apply any permanent adjustment until all inflammatory reaction has subsided.

The Roentgen rays have been an aid in some cases, but there are many non-displaced fractures about the joints where its revelations are most delusive or negative. As a diagnostic aid in fractures its value has been rather overestimated.

One of the most serious cases of fracture of a large bone shaft that has come under my charge this year was sent to me by my friend, Dr. R. H. Cowan, the chief surgeon of the Norfolk & Western Railroad. The young man 13 months before had sustained an extensive compound comminuted fracture of the right femur, with several other serous injuries of the body.

He finally made a good recovery, but at the side of fracture there remained a cushion joint, with a sharp, angular deformity, rendering the limb both painful and useless for

support.

It was simply a question between amputation and restoration of position and function by some osteo

plastic operation.

He was a young man with a fine constitution, and hence there was no doubt about the presence of ample regenerative action in the tissues. But, the femur is the one bone shaft which is exceedingly intolerant to mechanical manipulation, after a recent fracture, although for pathologic states we may accomplish much through surgery. Briefly, it may be said that an operation was performed, an exceedingly difficult and bloody one, by which all the diseased bone was removed and the ends of the fragments solidly wired. case has followed an uneventful course, promising to yield the happiest results as to position, strength and function.

THIRD: HYDROCELE, VARIX, NEOPLASM, INGUINAL VARIX, SERIOUS CYSTS, HERNIO-SER-OUS CYSTS OF THE SCROTUM.

Thirty-seven cases of the above class are recorded in the annual of the West Side German Dispensary, and in my service during the same period as preceding cases; with what have been seen in my private practice and consultation in the same time, would nearly double the number.

To classify and arrange this group on an anatomical or pathological in the present instance, important and valuable as it would be, is impossible. Atparticularly called tention is to them here, because of their comparative frequency, the difficulty in their diagnosis often, and the value of an aseptic incision under many circumstances, both to clarify diagnosis and simultaneously as a therapeutic resort institute surgical treat-In. four old if chronic cases, hernia, hydrocele and varix coexisted. My rule of practice has been with this class to advise and practice radical surgery in the young of vigorous health, but to discourage operating in the feeble or aged, unless threatening symptoms are mani-

In infants and youths, when diagnosis is at all doubtful, a free incision is invariably practiced.

When this is done aseptically and the patient keeps the bed for a week or two recovery promptly follows, with few exceptions.

with few exceptions.

Note.—This remarkable and unique case will be reported in detail

after cure is complete.

VAST HERNIO-CYSTIC TUMOR OF SCROTUM.

Among this group was one remarkable case of right inguinal hernia, with a vast multilocular cyst of the scrotum. The entire mass was supported by braces crossing both shoulders and reaching down below the knees. I had it weighed in an empty starch box turned on its end. Weight, 16 pounds and seven ounces. Diameters over its antero posterior or long axis, 27 inches; circumference, 26 inches. Contained a fluid of oily consistence and coffee color. This mass was treated by free evacuation, more than a gallon of fluid having been evacuated. On operation it was found to consist of the separate dermoid cysts, one having a thick, cartilaginous investment; both contained an abundance of putty-like mass and gave issue nearly two gallons of chocolate-colored fluid.

After operation the hernia was readily reduced.

FOURTH: HEMORRHOIDS, ITCH, ULCER, PROLAPSE OR STRIC-TURE OF THE ANO-RECTAL OUTLET—CASES.

In period stated 37 cases of rectal affections have come under my no-

tice and treatment.

The most common and troublesome affections of the rectal outlet is piles, and, as there are multiple varieties of them, it goes without saying that treatment must be modified in various circumstances, though one common rule should be observed under all circumstances, viz., not to needlessly multilate or cut when tentative measures may succeed.

It has therefore been my custom in practically all but ulcerating piles to be content with cocaine analgesia, dilatation and pressure massage. No scalpel or instrument can reach the source of hemorrhoidal disease in the portal system, or the yaso-

motor plexus.

My procedure, when feasible, dispenses with the dangers of pulmonary anesthetics, large hemorrhage or infection after operation; besides its effects are most gratifying and effective.

Rectal ulcer is frequently the cause of anal pruritus. Ulcers dependent on tubercle syphilis or cancer precede stricture. When stricture sets in hemorrhage and fecal leakage quite generally attend In women we must be cautious not to confound a retroverted fundus uteri on the rectum for a new growth. Prolapse of the anus in the young is usually self-curable, but one case of a most aggravated description came under my care in the early spring, associated with extroversion of the bladder, the patient being but four months old.

In middle life and later no rectal lesion will call for greater tact, skill and judgment in its treatment.

This condition possesses quite all the etiological features of a hernia, and hence similar principles apply to the treatment of both.

In five cases seen by me among the enumerated group three were in females. In this sex we find it the most common and quite invariably associated with a collapse of the bladder, vagina or uterus.

COLO-RECTAL INERTIA.

I can find no mention of this pathological condition in the literature of medicine. Much will be found on constipation, but this is something more. The colon and rectum are jammed, packed full, with a superadded diarrhea and fecal leakage.

During the past winter after an operation on a gentleman for phagadenic appendicitis he complained to me of a "drip" coming away from his bowels, which had annoyed him for some weeks before the operation.

On examination the rectum was found packed with hard fecal masses. The anal sphincter had to be widely dilated and large irrigations employed before it was possible to dislodge the enormous accumulation. Under similar circumstances of general enfeeblement of the body, and when the patient complains of a "soiling of the clothes," it is always well to explore and empty the rectum at once.

In the case cited, immediately on mechanical evacuations, pain, distension and languor quickly disappeared, appetite, sleep and strength were restored.

SIXTH: CASES OF THAUMATIC AND PATHOLOGICAL CONDI-TIONS OF THE EXTREMITIES.

A brief notice only here can be given to certain inflammatory conditions of the joints, traumatic or

pathological.

More than one hundred cases of this class have been handled at my clinic in dispensary, in hospital and private practice within one year. A little more than a third were traumatic, about a quarter either tubercular or syphilitic; there were seven gonorrheal, the remainder were of a neuralgic or rheumatic character.

The unsatisfactory results in the treatment of this class of cases often arises from two causes. The first is an imperfect knowledge of the anatomy of the extremities, and the next is through a hasty or imperfect investigation into the causation. example, how often one is treated for synovitis when the effusion is inflammatory and entirely external to the joint in a neighboring bursa? And how often may a gonorrheal or tubercular arthritis be confounded with rheumatism. Again, it is now well known that articular degeneration may have its source in the spinal

Late years have witnessed a marked back-setting in those extensive dissections of joints so recently practised on the articulations.

Arthrotomy in my practice has been proved to be very rarely required. Young children outgrow many joint lesions. In adults tubercular arthritis very often co-exists

with pulmonary implication.

A large proportion of the cases coming under my care were entered for the relief of pain and stiffness in the joint. In many the dominant surface features pointed to rheumatism, though the history indicated trauma. This is an important point to note, for my experience has forced me to believe that in many of a gouty or rheumatic diathesis a trivial injury of an articulation may stir into activity a rheumatic, chronic inflammation. It therefore follows that in many of these, constitutional treatment must go hand in hand with local measures.

For local treatment, in the majority of cases of joint pain nothing is so prompt and decisive in its effect, as acupuncture, followed by accelerating the joint action and bandage support. As a liniment nothing excels for these cases the following, first employed in this country by myself. It sometimes seems to al-

most work wonders:

 R—Acidi salicylici
 dr. iv ss

 Tr. opii.
 dr. iii

 Spts. vini rect. dil.
 , oz. ii

 Ol terebinthin
 oz. i

 Ol. dulcis, qs. ad.
 oz. viii

 M. Sig.—Linament.

We must eliminate the opium tincture in growing children. It may be applied by inunction or by saturated flannels. The hand must be well oiled, which is to rub it in.

SEVENTH: HERNIAL CASES.

Fifty-seven cases of various types of hernia came under my care in

period stated.

Thirty were in infants and children, 12 in middle-aged and young adults, and 15 in old people. It is curious to note how common this infirmity is in men over 60, especially with those who suffer from prostatic or vesical disease, and it seems remarkable, too, that their ruptures tend to take on the infantile type, i. e., they are prone to cystic complications.

Surgery can do much for various types of hernia, though it cannot cure or relieve all.

My rule has been, to recommend the truss when it can be worn with comfort, when the rupture shows no signs of complications, is not augmenting in volume nor threatening strangulation. This rule is deviated from, however, with young women, in whom kelotomies are generally followed by the most gratifying results, and besides in those with whom the males blemish may constitute an impediment in physical examinations. As operations, secundem artem for non-strangulated hernia is quite devoid of danger we rarely decline to perform them on healthy subjects in early life.

EIGHTH: POST PARTURIENT EVENTRATION.

Two cases of remarkable collapse forward of the abdominal walls after labor came under my care recently, both seeking relief from the socalled "pot belly" by surgery. Both were young women, who had gone through normal labors, but below the umbilicus it was quite evident that over the anterior lateral aspects of the abdomen no vestige of muscular tissue remained. The floating viscera tumbled in a thin, attenuated pouch over the pelvic brim, and with the hand one could readily pick up the parchment-like envelope and readily feel the vermicular movement of the intestine.

Both women were in good health and showed no signs of disease of

any of the pelvic organs.

I had once seen, post-mortem, a similar condition in a woman who had for 30 years a large uterine fibroid.

After a careful study of these cases I could not see my way clear to conscientiously recommend any description of surgical operation, although before they came to me both had been assured that they could be "cured by a very simple operation."

NINTH: SURGERY OF THE CAVITIES—CASES.

Surgery of the cavities has been vastly overdone, or rather, indiscriminately employed. One case that I trephined for epilepsy relapsed at an early date. The scalpel can do little for pulmonary lesions except in suppurative conditions; but every year we are steadily enlarging the field of abdominal and pelvic surgery. Four cases of large fibroid, 15 of salpingitis and eight of

uterine cancer are enumerated in my annual collection. There were nine cases of pyelonephrosis, calculous and tuberculous; 27 cases of appendicitis, one of renal carcoma, six of pyloric obstruction, all malignant; one of cancerous stenosis of the eso-

phagus, and one of ileus.

No branch of surgery offers better and more satisfactory results in properly selected cases, and when dealt with by skilled, experienced hands, than that applied to the abdomen and pelvis; while, on the contrary, indiscriminate, rash or unskillful operating here is murderous. The master of this work must know practical anatomy well, have done plenty of vivisection and have had clinical experience. It has been my experience that when we operate here in the absence of acute inflammation, results are very generally satisfactory.

Experience has taught me, too, that safe and rapid operating is greatly enhanced by a free incision, which when properly closed in no wise favors hernia any more than a

small one.

From what I saw last year in the English and French hospitals I have been led to largely discard drainage in all abdominal cases unless when dealing with a suppurative condition, or secondary hemorrhage is feared.

TENTH: TUMORS OF THE MAMMARY GLAND.

Since October 1, 1897, sixteen of these cases have come under my notice or care, four in consultation. Of this number four were of a benign character.

Although the general rule now is to clear away the whole chest wall in the ablation of cancerous breasts still my own views on this lesion and the results which I have seen after those large dissections have not inclined me not to adopt it. I have been led to the more restricted operation because no single case of clearly established cancer in any situation has ever been seen by me cured by any operation, and further, when the axillary hollow and the supra-clavicular spaces are entirely clearof edobstruction the venous and lymph currents is certain to follow, with more or neuralgia in the upper extremity,

edema and marked elephantiasis. Operation for true cancer, then, should always be regarded as little more than a palliative resort.

Two of the cases in this number had been pronounced cancer, one of which was a dermoid cyst and the other a deep-seated tubercular abscess. No doubt, however early, extirpation offers the greatest security against early return, and should be particularly recommended in young people; but with decrepit, old women mammary cancer is generally quite painless and pursues a very chronic course, hence in them sanguinous measures should not be urged.

ELEVENTH: STRICTURES IN THE CERVICAL SEGMENTS OF THE ESOPHAGUS.

Stricture of the esophagus is very often one of the first symptoms of cancer in the posterior anediastinum, though we will rarely meet with it until after middle life.

My patient was a young lady who came to me in May. Ten years previously I had removed her right hip joint for tubercular disease.

But now she was hale and hearty and was enjoying good health until about ten months before she reported, when she had difficulty in swallowing, beginning by requiring a special effort to swallow solids. Later this became more pronounced, when no solid food whatever could be forced down without a prompt regurgitation. For more than a month she subsisted entirely on liquids.

It was at first thought that trouble was neurotic, the but antispasmodic remedies produced influence, and besides history against clinical was it. She now had a large tuberculous ulcer of the leg. She was 22 years old and unmarried. Could she have had a tuberculous ulcer of the esophagus, which on healing left a contracted state of the lumen, or might it not possibly have been syphilitic? I can find no case on record of tubercular stenosis of the esophagus, and her life has been such as would lead me to reject venereal, absolutely.

The surface examination of the neck revealed nothing. On passing in a small bougie, an obstruction was encountered on a level with the sixth cervical vertebra. It would not permit a larger one to pass. I then took

the smallest size and easily passed it on towards the stomach. This was repeated when larger and larger sizes were passed, until one, the full diameter of the esophagus went through. The results were most gratifying, and now she has no trouble in deglutition, swallowing with ease any description of food coming before her.

TWELFTH: TRAUMATISMS IN-VOLVING THE MUTILATION OF THE JOINTS AND SOFT PARTS—CASES.

A large number of injuries involving fleshy parts have been seen during the past year, most of them being lacerated or fractured, and attended

by contusions.

It strikes one as rather remarkable that young practitioners will persist in sewing up lacerated wounds. Imbued with a profound conviction that provided only a wound is amply scrubbed and pickled in an antiseptic solution, immutable and fundamental laws of surgery may be ignored with impunity.

An example of this came under

my notice very recently.

A high official of this city, rusticating with his family in the Catskill Mountains, one morning mounted his horse for a ride. The animal shied at an object and became unmanageable, when the rider was thrown off, sustaining a deep, lacerated wound over the metocarpo-phalangeal joint of the little and ring fingers, right hand. The gash bled very freely. He was promptly attended by a physician, who immediately sealed the opening with deep suture. days later, as serious symptoms were developing, he was brought home. The following day I was invited by his New York physician to see the Things now were indeed in wound. a menacing state. His hand was bloated up, the sutures had ulcerated out, a purulent tendo-vaginitis had extended into the deeper part of the hand and the first phalanx of the little finger was bare on its inner aspect. Along with this he had a temperature of 104, with recurring rigors and bodily weakness. sions, counter incisions, irrigation and drainage were employed, while he was plied freely internally with whiskey and quinine. He had a narrow escape from losing the hand, but

the little finger had to be amputated.

In some of these cases of lacerations of the hand, in the summer season, unless prompt and efficient remedies are supplied gangrene may set in with destructive energy and destroy I saw with appalling rapidity.

Some years ago after a deep laceration of the palm by a butcher's hook, in which the wound was sewed up within 36 hours, mortification had set in so rapidly and extensively that I had to amputate at the humerus scapular articulation at the shoulder to save life.

The most valuable of all remedies for all deep lacerations are cold alcoholic solutions, but always leave the

wound widely open.

Another mistake in treating lesions which open into the joints or involve a fracture of bone is the employment of strong antiseptic solutions, which by their irritating properties often start up a low grade of endosteal or perichrondrial inflammation, difficult to subdue without resort to resection or amputation.

RESUME AND SPECULATIONS.

Let no one delude himself into supposing that any advances, no matter how great, during the past 25 or 30 years have in any manner revolutionized the fundamental prin-

ciples of surgery.

A greater latitude of action is now possible, through anesthetics, by which our patient is rendered temporarily dead to all sensations, and our work is not entirely unlike an autopsy. This permits leisure, accuracy and precision, without which progressive operative surgery would

be impossible. Lister taught the world the doctrine of cleanliness; the inventions, industries and discoveries of modern times have contributed vastly to progressive and special surgery, and as above than all, the masses have torn loose from the chains the despot, the democratic spirit has taken deep root, and poor, struggling humanity is now permitted to enjoy some of the fruits of toil and labor; everyone is better fed, domiciled and clothed, and the accursed "famine fever" of former times is no longer Therefore why the papossible. tient stands the shock of operation with comparative immunity and the death rate has been enormously lessened.

PROPORTION OF SURGEONS TO THE WHOLE NUMBER OF PRACTITIONERS.

The number of surgeons, general and special, has enormously enlarged during the past 20 years; but it must enlarge more yet to meet the demands of the times. In fact, except for infectious diseases, there is now little call for the physician. Medical nihilism is rampant, and surgery has come in to swallow up all the plums in practice.

With this keen competition the one maintaining himself by surgery exclusively must needs exercise a ceaseless vigilance, combined with continued autopsy work, vivisection and a practical knowledge of his art through incessant application and observing not only the methods of different operators and their brilliancy in execution, but their faulty judgment, their errors and mistakes.

Although there are not a few, excellent surgeons who leave nothing undone for dramatic effect in playing to the house, the keen critic, and even the intelligent layman soon sees

through it, and it rather serves in the end as a boomerang.

What we need is not a great array of instruments and a large retinue of begowned assistants, but a few thoroughly good and reliable ones.

PAIN AND SHOCK.

The immediate mortality from operative surgery comes from pain hemorrhage shock. Pain is a monitor which much be heeded and not stifled by narcotics, until its cause is clearly unmasked. Operative pain is no more, since we have anesthetics and analgesics. But it is better not to risk anesthetics unless an operation is to be protracted, or very painful.

In all surface or peripheral operations now we have in cocaine one of the greatest boons ever conferred on humanity. Let the practitioner master well its technique in surgery. Hemorrhage is what always tries the mettle of the operator. Very many sink after operation from great loss of blood. Blood is our very life itself. Economy of it in surgery contributes more towards salutary results than any other single factor in operative surgery.

UNGUENTINE.

BY JOSEPH R. CLAUSEN, A. M., M. D.

Repeatedly of late has our attention been called to the remarkable results following the use of the new surgical dressing manufactured by the Norwich Pharmacal Company, and called by them Unguentine. Our attention was first directed to it by a very able article by Dr. Edward B. Jackson, of Houston, Tex., which was published in the Texas Medical News under the caption of "Wet Dressings Versus Dry Dressings," in which, after enumerating the drawbacks to the use of ointments as dressings, the doctor says:

"It is almost needless to state that an ointment must in its own corporate body be strictly antiseptic, and with this end in view it should be composed of a petrolatum base, since everyone is only too well aware of the early tendency of fatty vehicles to become rancid, and therefore within themselves septic, in which event their action, when not positively dangerous, is plainly nugatory. Asepticism in an ointment is not less demanded than in a liquid portion for purposes of ablution or ingestion.

"There has been great disappointment in obtaining this stable condition in the zinc, mercury and other preparations, heretofore proposed, short of a strength violently irritating to the structure, and the profession, weary of witnessing the absence of antiseptic properties in zinc and other ointments, are almost unanimously abandoning their use. To meet the requirements heretofore enumerated an ointment should contain a reliable antiseptic, a moderate styptic and astringent—say one part Lord Lister's sheet anchor, carbolic acid, to 50; one part of ichthyol to 20; one part of alum to six of the base—(petrolatum).

"The Norwich Pharmacal Company's formula of unguentine con-

tains carbolic acid, 2 per cent.; ichthyol, 5 per cent.; alum, 15 to 16 per By a process of their own they eliminate most of the astringent properties of alum, thus rendering it non-irritating in this large amount. The base of unguentine is pure petrolatum.' There is probably no known drug of greater utility in the treatment of putrescent open sores than alum. This has been the common intelligence of well-informed physicians for ages. What heretofore restricted its wide range of usefulness—its irritative properties —has now been removed by the chemists, and we have in the preparation—unguentine—the best surgical dressing ever yet offered the profession."

Once interested in the matter we have followed it up first, by careful inquiry, and later by experiments in our own private practice. The results in each case lead us to say that unguentine has the largest field of usefulness of any surgical dressing we know of, and for this reason is destined to be used more extensively by the profession throughout the country than any other similar Surgeons, obstetripreparation. cians, gynecologists, dermatologists, rhinologists, otologists and general practitioners will alike find it valuable, after once becoming acquainted with its virtues.

For quick results we have found nothing to equal it in the treatment of burns, scalds, abrasions, excoriated surfaces, suppurative tumors, ulcers, bed sores, inflammatory, cutaneous diseases, piles and as a dressing after operation and in minor

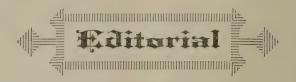
surgery.

Did space permit we could cite cases under our own observation in which it has demonstrated its curative qualities in each of the ailments above referred to. One of its most recent successes we will alone refer A prominent divine of this city, pastor of one of its leading churches. had for years suffered with an aggravated form of piles. Almost every remedy at the command of the general practitioner had been brought into service to allay the trouble, but temporary relief at times was the only result. Three applications of Unguentine were sufficient to bring relief such as he had never

before experienced, and after two weeks' use of the curative all indications of inflammation entirely disappeared. This same rapidity of action has been a noticeable feature in every case where we have deemed its use advisable.

Now a word about the characteristics of the formula of Unguentine. And first, Unguentine is peculiar. When it is applied to a wound or other lesion it forms at once a thin film, totally excluding the atmosphere, thus preventing bacterial invasion. No other surgical dressing does this. It is thoroughly antiseptic, non-irritating, astringent, yet soothing, quickly relieving pain whenever there is inflammation. It is the modification or the Americanization of the old Sir Astley Cooper's alum ointment by the addition of carbolic acid and ichthyol, with a petrolatum base. The formula. which should commend itself to every intelligent physician, is as follows: Carbolic acid, 2 per cent.; ichthyol, 5 per cent.; alum, 15 to 16 per cent. By a special process most of the astringent properties of the alum are eliminated, thus rendering it non-irritating. The ointment base is the purest of the petrolatum products of the Baker oil fields, and is absolutely without taste or odor. free from the acidity which so often contaminates the cruder petrolatum products, and cannot become rancid. Thus two demands of the perfect ointment have been met. The wellknown properties of the alum salt have long been known, but its use has been limited because of its irritating qualities. This objectionable feature has been eliminated by the special treatment referred to, while the soothing and healing properties of the drug are fully sustained. Ichthyol and carbolic acid are too well known as cicitrizants and antiseptics to require further mention, but it would seem as though these qualities had been reinforced by their union in Unguentine.

The late Dr. William Pepper, of this city, has said that "medicine and surgery have made more progress in the last 20 years than in the 20 centuries preceding." The same thing can be said of surgical dressings, and Unguentine is an evidence of the fact.



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THE NEW YORK SCHOOL OF CLINICAL MEDICINE.

Our readers are treated to an unusual amount of valuable original material with this number from the members of the staff of the New York School of Clinical Medicine. This school is composed of instructors of world-wide reputation ability in professional matters, and it is with no little degree of satisfaction that we present to our subscribers a number of this journal containing articles from men of such high reputation in their respective specialties. The school itself, though young among institutions, is equipped in material calculated to be of vast advantage to physicians requiring post-graduate courses. It is well situated, has abundant clinical material and possesses strong instructors.

Our position has always been and is to-day that every hospital, dispensary and teaching institution should be open gratis to any graduate in medicine who wishes to improve his general knowledge.

But specialties have come and the general practitioner must go. Go where? Where he can steal their thunder, where he can fit himself for a specialty.

As things are to-day, it is imperative for every practitioner to cultivate some special branch along with his general work, and here come in the need for special training and instruction. Modern advances have made it imperative on practitioners to, after 10 or 15 years, turn out, as it were, a "new edition of themselves."

As for the methods of post-graduate instruction, those of the New York School of Clinical Medicine are particularly to be commended, as here the teaching is entirely personal; there are no long-worded dissertations on speculation and theory, and the matriculent is permitted and required to himself examine and report on the cases coming before him for opinion or treatment.

This school knows no creed, code or color, only requiring that the matriculant be a graduate in medicine, and is earnest in his desire to

acquire knowledge.

The terms are moderate and we understand special rates may be made to those who take all the branches, or take out an annual ticket.

BLOODLESS OPERATIONS FOR HEMORRHOIDS.

Nine years ago the writer described and published "The Bloodless Operation for Hemorrhoids." was recommended after witnessing a similar procedure in the Parisian hospitals, and after he had treated more than 25 cases of piles by the method submitted in his own practice. With it pulmonary anesthetics will seldom, if ever, be necessary. The anus is cleaned, thoroughly dilated and everted, the parts anesthetized by cocaine, on the periphery and subcutaneously, when the hemorrhoids are each seized, stretched, twisted and crushed between thumb and fingers. This having been thoroughly executed without the slightest suffering the parts are washed and returned, to undergo a painless atrophy and resorption.

Dr. Louis Strauss, of St. Louis, and others have denied that this procedure is based on scientific principles and can carry no weight except with

the laity.

But it will effect rapid and permanent cures, without imperiling the life of the patient. No blood is lost, no retention follows with stricture or fistula. The dangers of an anesthetic are obviated, and in simple cases without internal complications the patient may go on about his usual occupation immediately after treatment.

It is only necessary to remember that hemorrhoids are not a disease ani-generis, but the manifestations of a disordered condition in the chylopoietic viscera, the liver and portal system, and that the state of varix or hematocele is often hereditary. Hence, along with local treatment, such diet must be given and such medicines administered as are known to correct the pathologic state.

It is therefore our duty as far as possible to obviate the necessity of any mutilating procedure on the rectum for hemorrhoids, which is attended with danger; and that this danger is not of a visionary, alarmist character may be gathered from the salutary warning of the most distinguished rectal specialist in America, as is here noted.

DANGERS OF RECTAL OPERA-TIONS.

Joseph M. Mathews (Philadelphia Medical Journal) mentions three sources of danger in the operation for internal hemorrhoids. These are hemorrhage, sepsis and contraction of the anal orifice. To obviate the last the author recommends the introduction of the finger, well anointed, into the anus. Especially should this be done after the ligatures have separated. When contraction does occur it should be broken down with

a speculum or dilator.

For operations for fistula in ano the danger is injury to adjacent structures or organs, but the main one is division of the sphincter muscle, which refuses to be repaired. So far as the author's reputation is concerned he would much rather do a half-way operation for fistula in ano and fail to cure his patient than so to divide the sphincter muscle that it could not be repaired. In operations for rectal polypi the author advises against the use of instruments, as they are easily torn off. Should hemorrhage occur, the author uses a plug of iodoform gauze around a hard rubber tube, inserted as high as it will go after dilation of the rectum with a dilator or speculum. If a violent hemorrhage is anticipated he soaks the plug in a solution of iron persulphate, diluted half and half with water to avoid the danger of sloughing of the mucous membrane.

The internal hemorhoids known as capillary piles are dangerous, because they bleed vigorously. author emphasizes the fact that violent hemorrhages from the rectum, without any previous history of disease will generally be found to have their origin from a point about an inch within the rectum. In these cases, after first giving an aperient and washing out the bowel thoroughly, he opens the rectum with a threevalve speculum or dilator. He then takes a piece of iodoform gauze and dips it in a 5 per cent. Monsel solution. It is made cone or bag shaped and deposited just inside of the rectum. A hypodermic of morphine is then given. The plug is retained as long as possible—for two or three

hours.

TYPHOID PNEUMONIA.

At the recent meeting of the American Medical Association H. E. Tuley (Louisville) related a case which many of the symptoms pointed to typhoid fever, yet no evidence of this disease was found after death except slight enlargement of the mesenteric glands. On the twelfth day signs of consolidation of the lungs appeared, and the necropsy showed the lungs to be almost com-Bacteriologipletely consolidated. cal examination of the lungs revealed only the diplococcus pneumoniae. In such a case, Tuley thought, the term "typhoid pneumonia" seemed justifiable.

Typhoid pneumonia is a term which has been current, if not in the medical literature of the day, at least in the descriptive phraseology of numerous practitioners when describing a class of cases with intense virulence of the systemic symptoms, the latter frequently being accompanied with but slight pulmonary

involvement.

It is found in the young and the aged, and in the weak as well as the robust, and while the distinctive symptomatology characterizing the development of a true typhoid is not found there are often present the epistaxis, the intense cephalgia, the tympanitic distention of the abdomen, the sordes, the dry, brown tongue, and frequently diarrhea.

These symptoms are especially indicative of a low state of the systemic forces, or the addition of some other bacillary influence supplementing by its presence the toxic influences of the diplococcus pneumoniae.

There can be no question that what we term pneumonia is frequently a systemic disease in the beginning, which during its development localizes itself in the pulmonary tissues, and while the addition of the word "typhoid" to the pneumonia is objectionable—as all hybrid terms are to be condemned—there is no phrase more descriptive of this combination of symptoms.

J. J. M.

HUNGER AS A THERAPEUTIC MEASURE.

Two very interesting articles on "Hunger" have been published in a current issue of a leading monthly magazine, one being from the pen of Mark Twain, the other from the wellknown editor of the Popular Science Monthly, Dr. Youmanns. The brilliant writer of the "Innocents Abroad" in a semi-satirical vein relates his experiences at several of the well-known foreign spas, and though the article was written more to amuse than instruct, yet there are many valuable truths embodied in the vein of fiction which through the story.

From a scientific standpoint does the brilliant editor of the Popular Science Monthly deal with his subject, and in a very readable way he discusses "Hunger," reciting the influences that various drugs, such as cannabis indica, opium and other narcotics have upon the various ramifications of the great sympathetic

system.

The moral of both articles, briefly stated, is that we eat to much, and at times when there is no disposition upon the part of the alimentary organs to digest food. It is much better, instead of eating food at stated periods to wait until the craving of the stomach demands food, no matter how long that may be, presupposing, of course, that the digestive organs are in a physiological condition. From a disease standpoint the stomach may be in such a low, nervous condition that the lack of nutritional tone may be intensified to such a degree as to make no demands for

There is much to be said in favor

of the facts contained in both articles, for it cannot be questioned that we eat entirely too much for the proper preservation of the natural forces of our systems. We are constantly accumulating more than we make use of, and despite the fact that we have a surplus of tissue, we are in a state of physiological bank-runtey.

On the other hand it must not be assumed that starvation is a therapeutical measure to be generally advocated. It is commonly known that starved animals are more liable to parasitical affections, and to conta-

gious diseases.

The water-starvation cure, which some years ago was very extensively tried in Germany under the name of "Schroitis' cure," undoubtedly did much good in a selected number of

cases, but the danger to be feared from such inventions is that people are apt to believe them to be of universal application in numerous diseases, where they accomplish more harm than good. People taking the above "cure" were kept for four days on two small glasses of hot wine per diem; then allowed to drink freely for a day; in the meantime hot wet packs were utilized. The fluids of the body by this process were diminished, the blood made more concentrated, and in certain diseases where dropsy was a marked symptom much good was realized.

The general conclusions to be derived from both articles are that Americans as a rule consume an excessive amount of food, the excesses being most pronounced in the line of

meats and sweetmeats.

J. J. M.

NEWS ITEMS.

Dr. Paul Gibier, late of the New York Pasteur Institute, is building a new sanitorium in the Ramapo Mountains, and has appropriately named the village Pasteur in honor of the great scientist. We are promised detailed information from the pen of Dr. Gibier in some future issue, but have learned from him that the buildings are surrounded by sunshine, so that a valuable "sun bath" can be given, and the climate and hygienic and dietetic therapy shall

constitute the stronghold of the treatment.

Protected as this place is by the surrounding mountains from the north winds it will be well adapted towards favoring convalescence in tuberculosis.

Dr. Louis Fischer has been elected secretary of the New York School of Clinical Medicine.

Dr. John J. Morrissey has been elected Professor Practice of Medicine.

Dr. Herman Collyer has been elected Professor of Gynecology.

NOTICE.

Several papers from the members of the staff of the New York School of Clinical Medicine, which arrived to late for this issue, will appear in our next.—Ed.



REST: A NEGLECTED FACTOR IN GASTRO-ENTERIC DISEASES.

In a paper on this subject at the recent meeting of the American Medical Association C. V. Spivak (Denver) protested against the too frequent and general use of lavage, galvanization and other local mechanical measures in the treatment of gastro-intestinal diseases. His own method was to advise rest in bed in all serious cases, with entire abstinence from food for at least from one to three days, nutritive enemata being used if longer abstinence was necessary, with poultices over the epigastrium, which gave comfort and acted as a splint for the stomach. He recited histories of cases with hyperchlorhydria, gastric disturbance with pulmonary tuberculosis, membranous enteritis and other affections in which failure of permanent relief by the usual methods of treatment was followed by an entire cure of permanent amelioration of symptoms when the rest cure was employed. He considered this treatment indicated in all neurotic cases. in all cases with pain or diarrhea, and in almost all fuberculous cases, and he thought it never contraindicated.

The above is certainly a radical departure from the scientific method of treating diseases of the stomach so earnestly advocated by men whose special lines of study lead them in the direction of ailments of that organ. And yet it may be strongly questioned whether the scientific method is based upon the principles of common sense. To introduce a tube into a patient's stomach in order to show the facility with which it may be done, or to demonstrate the latest mode of treatment rather than use the time-honored rou-

tine of diet with suitable restrictions for each individual case may be scientific, but it is not sensible.

The entire absence from food from one to three days, nutritive enemata being in the meantime used, appeals strongly to our sense of what is due to the patient, and appropriate as to treatment.

There are many appliances used in surgery; there are modes of treatment advocated in overcoming disease in the present day, simply because they are supposed to represent the latest discoveries in both departments of medical science, but it is a question as to whether the patient is or is not benefited. The circulation of such ideas as those given in Spivak's paper will do much to recall us to the common sense principles which should underlie not only affections of the stomach, but all disease.

In the Lancet of July 23 a paper is presented giving a summary of cases treated by tuberculin R. The point of particular interest to which we would draw the attention of the reader is this declaration on the part of the authors: From a very careful observation of the effects of tuberculin R. given alone in doses as prescribed by Koch, and not accompanied by any other treatment on cases of phthisis pulmonalis we are able to announce four cases of complete recovery out of 13 cases treated. These four cases were the most favorable for treatment, as the disease was localized and the temperatures were not such as to suggest mixed infection. We feel that this result is little, if any, better than that of ordinary treatment combined with nourishing diet and good hygienic surroundings. J. J. M.

CLINICAL SURGERY AND SURGICAL PATHOLOGY In charge of T. H. MANLEY, M. D., New York

ULTIMATE RESULTS OF CASTRATION IN CASES OF PROSTATIC HYPERTROPHY.

In an editorial article of the May number of the Annals of Surgery Pilcher gives some observations upon the ultimate results as a means of relief for obstructive hypertrophy of the prostate, as follows:

Case 1. Time since castration three years. Present age, 77. Health excellent. Still have five ounces of residual urine, which are withdrawn twice daily by catheter. Urinates spontaneously every two or three hours.

Case 2. Time since operation, two and a half years. Age, 58. Notable improvement in bodily and mental vigor since operation. Had had a greatly over-distended bladder and dribbling urine. Still have 10 ounces residium, and has to use the catheter. Prior to operation there was chronic retention, with 64 ounces in the distended bladder.

Case 3. Time since operation, two and a quarter years. Age, 54. Some residual urine remains, and he continues to have cystitis. Is obliged to use catheter and bladder irrigation. Urination is now more difficult than during the first year after the operation.

ation.

Case 4. Time since operation two years. Age, 67. Health excellent. No mention made of the condition of the bladder.

Case 5. Time since operation, one and three-quarters years. Age, 64. In good health and free from all urinary symptoms.

Case 6. Time since operation one and a quarter years. Age, 72. In good health and free from all urinary

disturbance.

Case 7. Time since operation, one and a half years. Age, 74 years. In vigorous health. No mention of the condition of the bladder. It is un-

fortunate that the writer has not made a more detailed report of some of these cases.

In the first part of the article there is recorded another and striking case as follows: The patient, aged 72 years, suffered from obstructive prostatic disease not relievable by catheterization. Suprapubic cystotomy and double vasectomy gave him marked relief and restored the power of voluntary urination. Both results were temporary, however, and at the end of four months obstructive symptoms were again marked. He was then castrated. Gradual amelioration of the urinary symptoms followed, and at the end of four months he was performing the urinary function normally, and was in excellent health again. -Boston Medical and Surgical Journal.

ALTERATIONS IN THE SHAPE OF THE TRACHEA.

Simmonds (Cbl. f. Chirg., March 22, 1898; Jour. of the Am. Med. Ass'n, April 30, 1898.) The author, director at the large hospital at Hamburg, has made a study of casts of tracheas. He found numerous constrictions, dilatations and angularities; scoliosis was noted in onefourth of all the cases. Constrictions produced by the pressure of aneurisms, tumors and latent goitres were frequent, also a groove, which he attributes to the pressure of the arteria anonyma. The walls were frequently found ossified and flattened in elderly persons, for which he suggests the descriptive name of "senile sabersheath trachea." Universal dilatation was noticed in only one case, probably congenital, but partial ectasia was common, almost invariably in the middle section of the rear wall, in elderly persons, accompanied by atrophy of the wall.



THERAPEUTICS ON LACTO-SOMATOSE.

BY DR. J. P. ZUMBUSCH, Physician-in-Chief in the German Hospital in London.

Under the above name the Farbenfabriken of Elberfeld have recently introduced into the market an albuminous product consisting of the albumoses of milk, together with 5 per cent. of tannic acid in chemical combination. This remedy appears in the form of a brownish-yellow powder, which is perfectly odorless; and especially free from the so frequently disagreeable odor of similar preparations. It is also rapidly and completely soluble. In preparing the solution, however, it is necessary to follow the directions, and not to simply add the powder to the fluid in which it is to be dissolved, as it is then liable to form a sticky and insoluble mass. On the other hand, if it is first stirred into a smooth paste with cold water it will at once dissolve on the addition of hot water. The solution thus prepared can be readily mixed with beef extract, milk, coffee and numerous other fluids, and may be administered to the patient even without his knowledge, as it is almost tasteless. Even in the form of a simple watery solution, however, Lacto-Somatose was well tolerated by all my patients, and never excited repugnance, even when its use was continued for a long time.

The first experiments with Lacto-Somatose were made in the medical clinic of Professor Schultze, of Bonn, and in the Muenchner Medicinische Wochenschrift, No. 47, 1897, Dr. A.

Schmidt reported the results obtained. He prescribed the preparation in daily doses of three teaspoonfuls in chronic affections of the digestive tract, especially in digestive disturbances due to atomy of the muscular coat of the stomach and the intestinal canal, such as occur in enteroptosis and anemic. In this class of patients, who always suffer from loss of apetite, flatulence, constipation alternating with diarrhea. regulation of the state of the bowels in connection with improvement of the other disturbances took place after the use of lacto-somatose. In cases of membranous enteritis and chronic enteritis the stools assumed a normal character, although the patients had been treated previously according to the most diverse methods without success. This product also proved an admirable astringent nutrient in cases of enteritis of tuberculous origin and this is a condition in which a food product is of value which, non-irritating in itself, it adds in the removal of conditions of irritation. Schmidt has further employed lacto-somatose systematically in 15 cases of typhoid, and found that in daily doses of three tablespoonfuls it was well tolerated and diminished the diarrhea to some extent.

I have made use of this remedy especially in surgical practice, and in particular operations upon the gastro-intestinal tract, comprising chiefly herniotomies in adults and children, gastro-enterostomy, and intestinal resection, as well as operations on the vermiform appendix. The administration of lacto-somatose is always commenced, even on the

first day after the operation, and I never observed that the remedy caused vomiting or a feeling of fullness, or enhanced these symptoms when present. As far as I was able to note, the condition of the bowels is never influenced, and above all constipation never occurs, although this might be expected from the presence of tannic acid in this preparation; indeed, in some cases, when administered shortly before meals, lactosomatose seemed to stimulate the appetite, although this might be attrib-

uted to suggestion.

I further employed this preparation in several instances during convalescence from severe diseases of various kinds, and especially in the intestinal diseases of rachitic chil-The dose in young children was one-half of that given to adults, namely one-half teaspoonful three times daily, and always administered Under this treatment the in milk. bowels soon became regular, and it is my distinct impression that lactosomatose exerted a very favorable influence upon the subsequent course of the disease. On the ground of numerous observations I believe therefore that I am warranted in recommending lacto-somatose as a readily digestible and assimilable nutrient in conditions of malnutrition and exhaustions of all kinds.

It certainly fulfills in a high measure the requisite of Leyden of supplying the patient with a sufficiency of food in small quantity.

-Monatschrift fur praklisch Medicin,
Heft 7, '98.

ALLOUEZ IN DIABETES.

Seven years ago I became afflicted with diabetes mellitus. I tried about everything that I heard of, or read of in the highest medical literature, or that any physician had ever tried, with even a hope that it was helping his patient; but for more than four years I gradually grew worse, until I excreted more than 4000 grains of sugar daily.

In November, 1894, a paralytic condition set in, beginning at the ends of the fingers and toes and extending toward the trunk, one joint at a time, until in about two months I could just stand, and had; but

slight sensation in my fingers, when I came across one of your booklets. Had no faith in its claims: in fact. said I knew it would not help me, but that was the straw, and so I, the drowning man, caught at it. Strange to say, that in 24 hours after drinking the first glass of Allouez the specific gravity showed only 1019, where it had not been below 1038 for two years, and often as high as 1049, which showed a very critical condition.

From the first day the gravity ranged from 1019 to 1024, while the quantity of urine greatly In less than three months the amount of sugar was down to 200 to 300 grains per day, and occasionally a specimen would show no trace of sugar, by the

Haines test.

All thirst, which had been almost unbearable, disappeared after the first week. In five months I could walk as well as ever. In a year the numbness was gone, only when I occasionally overtaxed the members. I am still drinking the water and gaining in flesh, strength and activity. Sugar is still present in traces, but not all the time. Had to diet, of course, and still do.

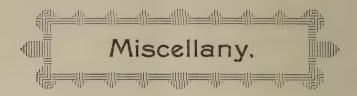
My paralysis was simply a giving out of the nerve force from mal-nutrition, caused by the loss that should have been supplied by the sugar, had it been assimilated. Thus it first showed itself in the ter-

minal nerves.

There can be no doubt that in three or four months more, without the water, this condition would have reached the vital organs, when death must have ensued, so that I can truly say that Allouez Magnesia Water has rescued me from the jaws of certain death.

I was so bad off I could do nothing only drink the water and watch its effect. I found by trial that the best results were obtained by drinking hot about one-half gallon bottle daily, as follows: One-seventh of it one hour before each meal, one-seventh three-quarters of an hour before each meal, and one-seventh one hour before bedtime.

W. C. GLIDDEN, M. D., Beloit, Kan.



THE AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION.

The eighth annual meeting of the American Electro-Therapeutic Association will be held on Tuesday, Wednesday and Thursday, September 13, 14 and 15, 1898, at Buffalo, N. Y.

The Society of Natural Sciences has kindly placed at our disposal its rooms in the Public Library, Lafayette Square; a programme of exceptional interest is assured; there will be an exhibition of electric apparatus for diagnostic, therapeutic and radiographic work; a hand-book of information will shortly be issued by the committee on arrangements. Hotel Iroquois will be the headquarters. Rates, \$4 to \$5 per day, American plan; \$1.50 to \$3 European plan.

Among the many entertainments provided there will be tally-ho coach drives about the city daily, a public reception Tuesday night, excursion down Niagara River and reception at Island Club, Grand Island, and other receptions, visits to industries of interest. Extra efforts are being put forth to make this in every way the best meeting that has been held, therefore you are particularly requested to attend. Kindly inform the secretary at as early a date as possible whether you will be present, if you will be accompanied by members of your family and the title of the paper you will read; also the names of persons whom you desire to propose for membership.

An excursion for members, exhib-

itors and friends from New York to Niagara Falls and return, with stopover privileges at Buffalo, will leave the Hoboken Depot of the Delaware, Lackawanna & Western Railway on Monday morning, September 12, reaching Buffalo about 7 P. M.; a palace car will be attached. Tickets for the excursion, good for 30 days, to return on any regular train of D. L. & W. R. R., \$10; seat in palace car, \$1.50 extra. Tickets and seats can be secured from Dr. Robert Newman, from whom all particulars may be obtained. Early application should be made, for if a sufficient number can be secured a special train will be run. Special hotel rates at Niagara Falls will be secured for all excursionists.

PRELIMINARY PROGRAMME.

A series of 10-minute discussions on electrotherapy, of special interest to the general practitioner, including "Effect of Electricity on Tissue Metabolism," "Electro-Diagnosis," "Diseases of the Nervous System," "Diseases of Women," "Genito-Urinary Diseases," "Malignant Growths," "Orthopedic Uses," "Diseases of the Eye," etc.

The following papers have been promised: Dr. Apostoli, Paris, France, "Note on New Applications of the Sinusoidal Current in Electro-Therapeutics;" Dr. Gautier, Paris, (1) "The Hydro-Electric Bath with Sinusoidal Current in Disease," (2) "On the Value of the Hot Air and Light Bath in Disease," (3) "Two Years of Practice in Radiotherapy," (4) "Elec-

trotherapy in Gynecological Applications:" Dr. Felice La Torre. Rome, Italy, "Electricity in the Cure of Uterine Fibromyomata;" Dr. J. Inglis Parsons, London, England, "The Effect of High Tension Discharges upon Micro-Organisms;" Mr. Nikola Tesla, New York, "High Frequency Oscillator for Electro-therapeutic purposes;" Dr. William C. Krauss, Buffalo, "Case of Lightning Stroke Without Serious Consequences;" Dr. Lucien Howe, Buffalo, "The Method for Using Cataphoresis in Certain Forms of Conjunctival Inflamma-tions;" Dr. John O. Roe, Rochester, N. Y., "The Uses of Electricity in Diseases of the Nose and Throat;" Mr. J. J. Carty, E. E., New York, "Cataphoresis;" Dr. J. H. Kellogg, Battle Creek, Mich., "The Electric Light Bath;" Dr. M. A. Cleaves, New York, "Metallic Electrolysis with Laboratory Experiments," (2) Electrical Treatment of Inflammatory Exudates;" "Cataphoresis and Metallic Electrolysis, by William J. Morton, New York; Dr. W. J. Herdman, Ann Arbor, Mich., "Electricity in Gynecology;" Dr. A. D. Rockwell, New York, "Diagnostic and Therapeutic Relation of Electricity to Diseases of the Central Nervous System;" Dr. Grover W. Wende, Buffalo, "Electricity in Acne Vulgaris and Acne Rosaceae;" Dr. Caleb Brown, Sac City, Ia., "Cataphoric Action of the Galvanic Current;" Mr. R. G. Brown, E. E., Brooklyn, (1) "New Electric Light for Diagnostic Purposes," (2) Surface Electrodes, How They Should Be Made; Connector Cords, How They Should Be Made and Insulated;" Dr. Robert Newman, New York, "Electricity in Deafness and Strictures of the Eustachian Tube;" Dr. R. J. Nunn, Savannah, Ga., "Treatment of Uterine Fibroids by Small Currents Administered Percutaneously;" Dr. William F. Robinson, Albany, N. Y., "Treatment of Certain Muscular Affections by Means of Electricity;" Dr. G. W. Overall, Memphis, Tenn., "True Status of Electricity and Allied Remedies in Treatment of Strictures and Prostatitis;" Dr. W. S. Watson, Fishkill-on-Hudson, N. Y., "Electricity and Medical Institu-tions;" Dr. W. H. White, Boston,

Mass., "Static Electricity in Nervous Diseases;" Dr. H. S. Jewitt, Dayton, O., "The Misuse or Abuse of Electricity as a Therapeutic Agent;" Dr. W. Scheppegrell, New Orleans, La., "Electricity in Diagnosis of Disease of the Ear; "X-Ray Burns," by Dr. W. H. Harris, Toronto, Ont.

An illustrated lecture on the X-ray will be delivered by Dr. William J.

Morton, New York.

An exhibition of electrical apparatus for diagnostic, therapeutic and radiographic purposes will be held in the same building.

A cordial invitation is extended to

members of the profession.

CHAS. R. DICKSON, M. D., JOHN GERIN, M. D., President. Secretary.

THE TWENTY-FOURTH ANNUAL MEETING OF THE MISSISSIPPI VALLEY MEDICAL ASSOCIATION WILL BE HELD AT NASHVILLE, TENN., OCTOBER 11-14, UNDER THE PRESIDENCY OF DR. JOHN YOUNG BROWN, OF ST. LOUIS, MO.

This association is second in size only to the American Medical Association and has done most excellent scientific work in the past. The annual addresses will be made by Dr. James T. Whittaker, of Cincinnati, on "Medicine," and by Dr. George Ben Johnson, of Richmond, Va., on "Surgery." The mere mention of the names of these gentlemen establishes the fact that the association will hear two scholarly and scientific addresses.

Nashville is a most excellent convention city and is well equipped with hotels, and with the record of the meeting in Louisville in 1897 as an example the local profession under the leadership of Dr. Duncan Eve as chairman of the committee of arrangements has prepared to have a better meeting.

Already titles of papers are being received. These should be sent to the secretary, Dr. Henry E. Tuley, 111 West Kentucky street, Louisville, Ky., as early as possible to insure a good place upon the program. Reduced rates on all railroads will be granted on the certificate plan.

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The Times and Register.

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PHILADELPHIA AND BOSTON, SEPT. 10, 1898

WHOLE No. 699.

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GYNECOLOGICAL AXIOMS—POINTS IN GYNECOLOGICAL EX-AMINATION AND DIAGNOSIS.

AUGUSTIN H. GOELET, M. D., Professor of Gynecology in the New York School of Clinical Medicine, Etc.

- 1. Never make a gynecological examination until a careful history of the case and a clear recounting of symptoms have been elicited. Both the history and the symptoms often furnish an important clue for diagnosis.
- 2. Never ask unnecessary questions, but always make it apparent that every question serves an important purpose. If you have any reason to think the patient may view any question in a different light make it apparent by other questions that show the importance of those which may seem doubtful to her Question her in an unembarrassed, businesslike manner. Show her plainly that every question asked is essential, and that you expect the answers to be accurate.
- 3. Much is gained by recording the history and symptoms in the presence of the patient. Let her understand that the information she gives is confidential, without stating it too plainly.

4. Never expose the patient unnecessarily, but show her that you respect her modesty.

- 5. Treat all gynecological patients with the same respectful consideration. Then those who are not ladies will be anxious to have you think them so.
- 6. It is unwise to make a digital or speculum examination under any circumstances until the vulva and vagina have been thoroughly irrigated with an antiseptic solution.

7. Never make an examination with a settled idea in view based up-

on the history or symptoms. Conclusions thus reached frequently lead to error by causing other important considerations to be overlooked. Search the pelvis everywhere for everything unusual, making a mental note of all that is abnormal, and record immediately afterwards the condition as found.

8. Make the diagnosis by exclusion when possible. It is apt to be

more accurate.

9. Never be satisfied with an examination unless a satisfactory diagnosis can be made, but reserve opinion until the patient is less nervous or less sensitive, or until an examination can be made under anesthesia.

10. Never use two fingers in the vagina for making a pelvic examination. By proper manipulation you can reach further with one, the touch is more delicate and certain, and it is less disagreeable to the patient.

11. Never attempt to palpate the appendages of both sides with the same hand, but always employ the

right index finger in the vagina for examining the right side, and the left for the left side. The tactile sense of the palmar surface is always more acute, and it is employed to better advantage with the hand and forearm in a natural, easy position.

12. Depend mainly upon digital manipulation for diagnosis. The speculum is of little value for this purpose.

13. For speculum examination employ the lateral posture whenever possible. It is more modest and more convenient and more instructive.

14. Never use the uterine sound for the purpose of determining the position of the uterus. The man who is obliged to resort to this means for diagnosis should not attempt gynecology.

15. In bimanual examination feel with both hands, think with both, and do not reach a conclusion hastily, but be sure you have found all there is to be discovered.



THE TREATMENT OF THE RETRODISPLACED UTERUS COM-PLICATED BY ADHESIONS.*

BY HERMAN L. COLLYER, M. D.,

Professor of Gynecology in the New York School of Clinical Medicine, Gynecologist to the West Side German Dispensary, Assistant Gynecologist to the French Hospital, Etc.

The uterus in its normal position lies in the pelvic cavity, with the long axis at a right angle, anteriorly, or, more correctly speaking, slightly acute with that of the vaginal axis. Any deviation posteriorly from this position constitutes retrodisplacement of the organ.

The retrodisplaced uterus may be simple or complicated by adhesions of various degrees of version or flexion, with or without descent, or together with two or more of the subdivisions, or degrees, of posture.

This complicated variety with adhesions may be partially or completely, slightly or firmly adherent to the adjacent structures. The completely and firmly adherent uterus has usually associated with it some structural disease of the adnexa.

There seems to be, from extended observation, two classes, congenital and non-congenital adherent uterus.

The congenital, the process of aglutinations have occurred prior to the period of puberty; whereas in the non-congenital the causation has occurred after the establishment of menstruation, and in a fully developed uterus.

The causation of adhesions in every instance, without exception, may be assigned to some inflammatory change affecting the peritoneal cov-

ering of the pelvic organs.

In the congenital variety the patient has suffered in childhood with some serus inflammation, which is associated in some of the children's diseases, scarlet fever being the most prevalent. Peritonitis, severe enteritis, tubercular disease, accidents to the pelvis and neighboring organs; gonorrheal and septic infection, and

*Read at a stated meeting of the Society of Medical Progress, Oct. 10, 1896 possibly habits, causing exaggerated local congestion, may contribute.

In the non-congenital type the same causation may be assigned as in the congenital, together with many others, and owing to the peculiar functions of the uterus, predisposes it more readily to septic infection after parturition. Accidental and induced abortion head the list of causes, ectopic gestation with rupture, pyo salpynx, gonorrheal salpingitis and oopheritis contribute largely to the complications.

The frequency with which we meet this condition is by no means rare, and the accurate diagnosis is

often very difficult.

In the congenital retrodisplaceed adherent uterus we have little disturbance and no serious symptoms, the condition is often unrecognized until after puberty, and more frequently not until after marriage.

The first our attention is called to after the patient has reached puberty is the constant dismenorrhea, associated with more or less backache. In most instances the symptoms and discomfort steadily increase until proper treatment is instituted.

More frequently we are consulted by the recently married woman, who has endeavored to conceive, and in desperation, between the pain and numerous embarrassments concerning her sterility, she seeks advice in the hope of relief.

This condition brings us to a variety difficult to give a positive opinion

as to complete relief.

The present condition, probable causation and possible relief must be carefully weighed and a very guarded opinion expressed.

The uterus is usually incompletely developed, antiflexed with retro-posi-

tion, or may be retrodisplaced without flexion. The cervix is small, with the so-called pinhole os; an attempt to move this uterus in either direction will be met with failure and cause pain.

There may be associated with this condition more recent inflammation, possibly acquired by circumstances, complicating considerably

the diagnosis.

When we have a retrodisplacement adherent without complications of the appendages it is more

amenable to treatment.

The noncongenital displaced adherent uterus is more frequently complicated with other conditions, some of which are dependent in part on the displacement, others are responsible for the adherent complication.

There seems to be a slight difference in each case regarding the extent of complications, which necessitates the most careful differential

diagnosis.

The accuracy of our diagnosis will enable us to determine the course of treatment best suited to the case. In fact the physician must be able to differentiate sufficiently to eliminate grave complications with the adnexa and other organs.

We may have the retrodisplaced uterus with adhesions complicated with almost any uterine disease, which naturally affects the prognosis, according to the severity of the disease.

Simple adhesive aglutinations of the coverings of the posterior culdesacs are much more amenable to treatment than those formed by processes of pus formation; found after pelvic abscess these adhesive bands are far more obstinate to treat and require entirely different procedures.

The diagnosis of adhesions must be differentiated from dislocation of the uterus, which is sometimes called strangulated or incarcerated; it is when the fundus uteri retroverts between the utero sacral ligaments and there apparently is fixed.

This condition is discernible by the presence of the ligaments, prominently standing out, on either side of the middle segment of the uterus, more marked when reduction is at-

tempted.

Exudation or tumors on either or both sides of the uterus holding it in a retrodisplaced position.

Incarcerated gravid uterus held beneath the promontory of the sacrum by its size in gestation.

Contractions in the broad ligaments, sub-peritoneal and intermural fibroids often simulate the retrodisplaced adherent uterus.

We must not, however, overlook the possibility of abnormal postures in otherwise healthy women.

Eliminating other complications, the adherent retroposed uterus may be detected in its position with bimanual palpation, and the extent of the adhesions determined by endeavoring to replace it by means of the examining finger. I here caution you against the use of sound, both in making a diagnosis and in replacing a uterus, as it is a dangerous aid. In the endeavor to elevate the uterus we will find the adjacent tissues will also drawn up at the same time the attempt is made, very noticeably over The attempt to move the rectum. the uterus from either side will find the barrier posterior to the broad ligaments, leaving them relaxed, which excludes the possibility; of contraction of those parts. To arrive at a more positive opinion we are frequently obliged to place the patient on the left side, or, in rarer instances, on the knees and chest, a position which brings into play the aid of gravity.

The dorsal position favors the examination, as we are better able to eliminate other conditions.

In those subjects with lax abdominal walls we are able to palpate the contents of the pelvic cavity, but in those abounding in adipose nothing short of anesthesia will enable one to make more than a limited diag-

The examining finger and the palpating hand are the only needs necessary to make a diagnosis. With the examining finger anteriorly and pressing on the cervix, palmar surface uppermost, the palpating hand on the abdomen, the end of the fingers an inch above the sympathetic

pubis endeavoring to bring them together, the tissues intervening should include the fundus uteri if normally posed; failing to find it there palpation posteriorly will then determine the retroposition.

The treatment resolves itself into palliative and operative. These deductions are arrived at by palpation and the results determine the best

course to pursue.

In every case of retrodisplaced adherent uterus palliative treatment should be instituted early as practi-

cable.

The more recent the aglutination the more likely they are to separate.

The patient should be placed on the left side (in Sym's position), with firm pressure forward made on the fundus with the index finger, posterior to the uterus and standing well back of the patient. In other words, massage the uterus gently, putting the adhesions on the stretch. If gently and carefully persisted in the patient will not complain of any discomfort; it is only where sudden and rough handling is pursued that pain is experienced.

It is surprising to what extent this gradual massaging can be continued without discomfort. In the beginning of treatment the utmost care is required to accustom the patient to this sort of interference to obtain

tolerance and success.

After each massage the uterus is retained in the newly obtained position by means of gauze packing vaginally, a portion of which should be incorporated with pure or borated glycerine.

I was led to use the plain gauze exclusively on account of the ease with which it may be applied and retained in the vagina, affording superior comfort to the patient, over that of the cotton or wool tampons.

This procedure should be repeated once or twice weekly, the dressing remaining in position until the night before making the visit for treatment, so long as it is comfortable. The removal should be followed by a hot (116 Fahr.) plain or saline vaginal douch.

It will be found that the hydroscopic action of the glycerine adds greatly to the dissolution of the bogginess or hyperemic condition about these adhesions, and apparently the adhesions soften and in many instances give way during the mas-

saging.

On finding the uterus more movable a Thomas cutter pessary may serve a good purpose here to enable the patient to have a rest of longer intervals from local treatment, with pressure more energetically continued.

In most instances separation of the milder adhesions has followed the use of this pessary, and in every instance some marked improvement resulted.

Any of the pessaries worn internally, as the Albert Smith or the bow pessaries, is generally contraindicated where adhesions ist, as it exerts too much injurious pressure against the urethra and soft parts, and may cause deep ulcerations if persisted The Thomas cutter pessary is atached to a belt by means of a piece of rubber tubing, to the end of the instrument which protrudes from the vulva, running over the perineum; the elastic action produces a steady pressure against the terior surface of the uterus and any sudden jar is compensated for.

After the obliteration of the adhesions a slight inflammatory exudation follows, which soon subsides and makes it possible to insert one of the various internal pessaries, which may be adapted to the needs of the patient, and worn until the tissues have regained their former condition, which varies in time in differ-

ent cases.

The medication in these cases differs in no way from other uterine diseases. The free administration of various tonics, restoratives and laxatives, whenever and wherever indicated. The viburnum and hvdrastis preparations seem to exert a slight beneficial effect on these cases and deserve proper notice. The greater number of cases of retrodisplaced adherent uterus require more radical treatment and must be prepared in the same manner as above until they have attained good operative condition and be subjected to such operation as may appear best in that individual case, in

the physician's judgment.

The operations designed for the relief of this condition may be briefly referred to without description, as this paper was not intended to go into the operative relief of retrodisplacement of the uterus.

Abdominal section with ventral fixation offers unlimited opportunities of inspecting the pelvic viscera

and gives excellent results.

Vaginal fixation, which also enables inspection of the adnexa: intrapelvic shortening of the round ligaments: also intrapelvic shortening of the retrosacral ligaments: hysterorrhaphy after forcible separation

of the retrosacral ligaments: hysuterus.

Hysterectomy, vaginally or abdominally, which is usually the last resort, to correct the existing conditions

The palliative treatment is within the reach of every observing physician, and can be instituted by any family physician who prides himself on keeping abreast with the modern discoveries, but it cannot judiciously apply to the operative procedure, as there are so many apparently small precautions, which, if neglected, would result disastrously to the welfare of all interested.

-109 E. 54th st., New York City.



THE ACTION OF LYCETOL ON URIC ACID DIATHESIS.

BY DR. TH. HOVEN, M. D., Gladbach.

In the following I desire to report my experience with Lycetol, which was placed at my disposal for experimental purposes by the Farbenfabriken, of Elberfeld County.

Lycetol is a tartrate of dimethyl-. piperazine. It appears in the form of a white crystalline powder, readily soluble in water, odorless, and having a feeble aromatic taste. As it is non-hygroscopic it can be readily preserved and dispensed in the form of powders. My custom has been to administer 1.0 gm., later 1.5 gm., with 1.5 gm. magnesia usta in 1-4 liter of water in the morning after breakfast, and also after the evening meal, followed by drinking 1-4 to 1-2 liter of Roistorf mineral water. According to the statements of the Farbenfabriken the effect of Lycetol is greatly enhanced by the simultaneous administration of bi-carbonate of soda, or magnesia usta, the latter drug also having the favorable influence of acting upon the bowels, which are usually constipated in these cases. After several experiments it seemed to me preferable to administer Lycetol after a meal, as it appeared to slightly disturb the patient's appetite when taken on an empty stomach.

I employed this remedy in the case of a gouty patient 36 years old, without any hereditary tendency, who since his 25th year had suffered from attacks of podagra and acute arthrit-The only etiological factor to be determined was the regular use of considerable quantities of beer. During the first years from the commencement of the affliction the acute attacks occurred but rarely and affected only the articulation of the big toe on the left side. During the following years, however, the attacks constantly increased in number and involved other joints, as for example the left ankle and knee joint, and on one occasion the right knee joint and right metatarso-.

phalangeal articulation of the big Since 1892 he had from two attacks yearly, in the spring and fall, which in 1897 increased to four attacks, the latter occurring in August of that year. The duration of the attacks varied from three to eight days. The treatment consisted of salicylate of sodium, piperazine, uretropine, poultices and other applications. Local and general baths were employed without success. Since August, 1897, and up to the beginning of 1898 the patient had refrained from the use of alcoholic drinks, but later drank moderately of beer. Towards the end of March the pains recurred in the joint of the left big toe, and at that time he came under my treatment.

Status March 29—Patient is a vigorous man, of medium height, quite corpulent; thoracic and abdominal organs normal. The joints revealed no changes except that the big toe joint of the left foot was somewhat larger than the right and tender on movement. This enlargement had existed for several years. No redness, no gouty nodules; the urine was perfectly clear, strongly acid and free from sugar, albumen; concretions or gravel had been present. The treatment consisted of 1.0 gm. Lycetol, with 1.5 gm. magnesia usta daily, followed by 1-4 to 1-2 liter of Roistorf mineral water. The diet was regulated according to the directions given by Dr. E. Pfeiffer in the handbook on special therapy of internal diseases, edited by Penzoldt & Stintzing; complete abstinence from all alcoholic beverages, restriction of carbo-hydrates, abundance of albumen, fat and fresh fruit; free exercise in the open air, gymnastics, and twice weekly a warm, full bath, followed by a cold douche. Even after a few days from the

commencement of the Lycetol treat-

ment diuresis was considerably in-

creased, and the stools, which previously had been hard, although regular, became soft and occurred twice

or three times daily.

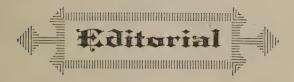
On April 10 the diuresis had become so marked that the patient was prevented from following his occupation. The urine was light yellow, clear, feebly acid, and free from albumen and sugar. Lycetol was now dicontinued until April 13. After recommending the treatment urination was considerably increased. The urine was always light, clear, feebly acid and never alkaline. Up to April 23 40.0 gm. of Lycetol had been administered. The swelling and tenderness in the left big toe joint had been markedly diminished. treatment was resumed May 1, the patient taking 1.5 gm. Lycetol twice The diuretic action of the remedy was again distinctly exhibited. The urine during the entire course of treatment was feebly acid and never became alkaline. May 10 the swelling of the joint had completely vanished and even forcible movement occasioned no pain. Under the above described diet, which, however, was not stringently enforced, my patient has remained free from any acute manifestation of gout up to the end of June.

It is not the object of this communication to speak in detail of the

nature of the uric diathesis; my purpose is simply to give the result of the Lycetol treatment. With reference to the latter point I would briefly formulate my conclusions. view of the previous history of this severe case, the appearance of an acute gouty attack could have certainly been expected in the spring. In view of the fact that it failed to appear and that the remains of the former gout had completely disappeared, I consider myself warranted in attributing the successful result, aside from the diet, to the diuretic effect of Lycetol, to the increased alkalinity of the blood and urine produced by the remedy, and the consequent greater capacity for dissolving uric acid. As Lycetol is entirely free from any unpleasant or injurious after-effects I would highly recommend it for trial in cases of arthritis urica. Although, owing to shortness of the period of observation, it is not permissible to speak of a cure, it appeared to me probable that by repeating the Lycetol treatment for several years in succession in gouty cases the painful acute attacks could be avoided, and under a moderate and healthy mode of life a complete cure of this troublesome affliction might be obtained in the course of time.

NOTICE.

This issue contains the papers of the staff of the New York School of Clinical Medicine, begunin our last.—Ed.



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BACTERIOLOGY AND CLINICAL MEDICINE.

The researches that have been made in the sphere of bacteriology have demonstrated the causes of many diseases which up to the past were entirely unknown. decade This statement is particularly applicable to infectious diseases. now know in the majority of this class of maladies the particular microbe whose presence is essential for the dissemination of the disease, and it is not too specific an assertion to make that the discovery of the infectious principle of a multitude of diseases will have a marked influence upon the medicine of the fu-As medicine becomes more ture. and more reduced to the exactitude of a scientific basis empiricism will become more contracted. purely empirical drugs will therefore be rejected, and in their place will be introduced medicine which exercises a direct effect upon the morbific agent, which causes the disease. But even in this presumedly wide scope for the administration of what might be called scientific remedies there lie many difficulties. In the development of many diseases, for example, tuberculosis, we have not only the tubercle bacillus, but also many other micro-organisms whose intense virulence and consequent destructive properties are but

secondary to the original bacillus. The same may be said of abscesses and of traumatic erysipelas. We know that the former are produced by the action of the staphylococcus aureus and albus, streptococcus pyogenes and others, while many streptococci of diverse characteristics are found in erysipelas. The clinical manifestations of many diseases may be in the majority of symptoms the same, but the causative factors are of an entirely different character.

Thus we find in cholera asiatica and cholera nostras a similarity of symptoms, though the bacilli are en-

tirely different.

When we come to better understand the important part which the individuality of the patient should assume in our prognosis and why bacteria should have no effect on healthy animals and exercise an immense influence on those whose systems are slightly deranged, as for example, injections of staphylococci producing endocarditis in animals whose cardiac valves were injured, and the problem of predisposition now practically an unknown factor, has been satisfactorily solved, then we will treat disease from the standpoint of causes and not symptoms. J. J. M.

FEES.

The question of fees is worthy of careful consideration. They should be based on justice, which, to some extent, must be measured by social conditions. It would be an injustice to exact as large a number of dollars for taxes from a man who owns property of small value as from one who owns property of large value. It would be equally wrong not to exact any tax from the former because he could pay but small sum, for were that done, not only would be receive protection from the Government for which he is able to pay, for nothing, but it would be a step toward pauperism, which brings loss of self-respect. The tendency of the very rich or the very powerful class is to drive the class of moderate means into the third class, which is that of abject poverty. We believe this is unintentional, but nevertheless it is the outcome of conditions. The medical fees in the country are smaller than those in a large city, yet the average ability of the inhabitants of the former to pay is greater than those of the latter. Again, in the country the fees are placed within the reach of those of average means; in the city the fee book shows them placed within the means of the rich much above what the person of average wealth is able to pay. The result is to force the city patron to patronize the free dispensaries, or, what is very common, not to pay his physician's bill. The doctor whose books show a large amount, but who collects 50 per cent. or less, not only deceives himself, but educates his patrons to expect larger and larger discounts and to finally make the element of cost an important factor in selecting a physician. It is better for both physician and patient to charge one dollar and collect it than to charge two dollars and collect but half. Because of large fees free dispensatories are filled to overflowing with patients, and the collections in the aggregate greatly diminished. The doctor who treats twice as many patients at a free dispensatory as at his office reduces the average fee two-thirds, and hence does more to lower fees than the physician who charges and collects a moderate price. Again, there is much medical knowledge disseminated for a nominal sum, practically free, through organic instruction in schools, health journals, newspapers and lectures. This free work in all the lines is done very largely by the ones who are protesting against reduction of fees. It is never right to charge an exorbitant price, but in 90 per cent. of cases it is right to charge something, the amount depending on the financial condition of the patron.

-Journal of Orificial Surgery, July, '98. We can endorse every word of the above; yet the question of the equitable adjustment of fees remains one full of difficulties.

No doubt since we have reached a hard bottom in the currency and purchasing value of money has so greatly augmented, the time has come when the fee tariff must be

correspondingly reduced.

Many a man has sacrificed his patrimony, lost his practice and impoverished his family by insisting on the fees of post-bellum times, when the currency was inflated and the intrinsic value of a dollar was less than 50 cents. The medical profession is daily undermining their means of a living by fake charity, forcing medical instruction on the laity and pressing forward schemes of improved sanitation.

So that, as things look now, in the near future one will be a fool who will pay any fee at all, and an existance in medicine will be quite impossible, except by resort to rampant

quackery.

Those born of liberal means, who can command the resources of wealth, will then find the road smoother, and thus we find ourselves around the cycle, about where the world was in the middle ages. when the medical gentry, the monasteries and the itinerant charlatans administered to those needing medical care.

Time was, when our fathers paid no debt with greater good will and gratitude than the physician's, but with the widespread spirit of democracy and the growing tendency of the rising generation to live rather by their wits than honest labor, a callous indifference to all obligations is one of the most noteworthy features of our times. It was hoped that medical unity, fidelity and loyalty would protect the profession in its rights and defend it against plunder or extortion, but this has turned out only a phantom, and medical organizations have proved to be hope-

lessly impotent, and indeed have little excuse for their existence at all, except to exploit some few aggressive manipulators.

The profession can be guided by no rule or principle in adjusting fees; intuition, tact and discretion must be the guide. The writer's experience is, that the wealthy generally pay generously, while the poor, who have little, do so grudgingly unless the fees are scaled to their condition.

SURPLUS PHYSICIANS.

It will be observed from the subjoined note from the Surgeon General's office that within two months after hostilities had begun there had been an offer of 4500 volunteer phy-

sicians for the army.

Ambition and patriotism are all very well to explain this mad rush of an army of nearly 5000 doctors, but, if the facts were sifted it would be found that in all but few exceptions the real incentive, was nothing to do, no practice and the ghastly spectre of grim want. The writer is familiar with instances where medical candidates, failing to secure entry to the Medical Department have gone forward as non-commissioned officers, hospital stewards and even privates in the ranks. But the war has come to a premature end, and the depletion from the ranks of civil practitioners has not been of sufficient magnitude to effect any noticeable reduction in the number of practitioners.

The Surgeon General was so besieged by applicants that, though courteous in the highest degree, he had to resort to the press to answer the vast number of applicants for something to do, as he has done in the following from the United States War Department:

The number of physicians who have offered their services to the Government now exceeds 4500, and every mail brings numerous addi-

tions to the list.

The Surgeon General highly appreciates the patriotic motives which

have induced this offer of services—in many instances by men prominent in the profession and enjoying a lucrative practice—but the labor of answering these numerous letters interferes with the necessary work of the office, which has been greatly increased by the exigencies connected with equipping the regular and volunteer armies for field service. It therefore becomes necessary to acknowledge letters offering service and inquiries relating to the Medical Department by this circular letter.

No appointments are made in the regular army except after examination by an Army Medical Examining Board, and all applicants must be graduates in medicine and less than 29 years of age.

The Surgeon General of the Army has nothing to do with the appointment of medical officers for the vol-

unteer army.

Comparatively few contract surgeons are likely to be required, and it is the intention to employ for service with troops going to Cuba, or at hospitals on the Gulf Coast only such as are immune to yellow fever.

All applications and offers of service, whether as contract surgeons or nurses, will be placed on file for future reference and for selection of the most available persons for the special duty required, in case of need.

GEO. M. STERNBERG, Surgeon General, U. S. Army.



PUERPERAL PSYCHOSES.

The mental troubles that are observed in the different conditions of pregnancy, child birth and the nursing period are very variable in their forms and have been differently interpreted by writers. They may be divided into four large groups:

1. Psychoses of the beginning of

pregnancy.

2. Psychoses of eclampsia.

3. Psychoses of puerperal infection.

4. Psychoses of nursing women.

I. Psychoses of the beginning of pregnancy do not follow any special type; they are evolved only from a constitution prepared in advance by antecedent nervous c onditions, hereditary and personal. Pregnancy acts only as an exciting cause. These mental conditions do not have a grave prognosis, they recover ordinarily in a period of time varying from a few days to a few months after labor.

II. The mental troubles of eclampsia appear about the seventh month of pregnancy, and auto-intoxication appears here as a factor, if not exclusively, at least of the first order. They often assume a form of mental confusion following acute hallucinations, a type of infection or of auto-infection. The prognosis of this form is more reserved than that of the preceding one; they often tend to recovery, but sometimes pass into a state of chronic dementia.

III. The psychoses of puerperal infection, rarer now that we know how to prevent and to contend against the obstetrical streptococcus, ought to be well recognized by all physicians, for the prognosis is particularly grave. Two great groups of symptoms of the mental condition follow

puerperal infection; the first characterized by a weakening of the intellectual faculties as a whole—it is that of dementia, either acute (mental confusion), or chronic at the outset (primitive precocious dementia); the second, characterized by deviation, incoordination of the same faculties which remain nevertheless intact, comprises mania, melancholia and their combination, circular insanity, finally delirium of degeneration. Such may be the clinical aspect at this period that the prognosis is very grave.

IV. The psychoses of nursing women, like the psychoses of pregnancy, may assume different clinical forms. contrary to the opinion of Regis, according to whom the insanity of lactation always affects the form of melancholia. The fatigues and cares of the nursing woman seem to be causes sufficient to explain the mental troubles of those so disposed, and it is probable that nursing, the occasional cause of mental derangement, does not determine the form of that derangement, which form remains subordinated to the predisposition of the individual. The prognosis in this form is relatively good: the great majority of these cases recover in the course of a few months.

—Jour, de Med. et de Chirurg. Pratiques, May 25, 1898.

PHOSPHORUS AND MORPHINE POISONING.

Schreiber mentions that potassic permanganate has been recommended as a remedy against both acute phosphorus and acute morphine poisoning, and in some such cases it has given very good results. The oxidation products of phosphorus and morphine are non-poisonous, at least in the doses in which they are then likely to be present in the stomach. The only disadvantage of potassic permanganate is that the potassium salt is poisonous, and therefore cannot be given in large doses. The author has made experiments to ascertain whether the sodium salt, which can be used in larger doses, would answer as well. Thus 2.75 g. of potassic permanganate killed a rabbit, whereas the same dose exercised no poisonous action upon another similar animal. Sodium permanganate is, however, not harmless; the maximum dose for a medium-sized dog is 4.5 g. Strong solutions are especially to be avoided, as they act as corrosives to the gastro-intestinal mucous membrane, and produce fatty changes in the liver and heart, and also renal irritation. The good effects obtained by the sodium salt were shown to be not inferior to those of the potassium salt. though experiment shows that the administration of the antidote suffices, yet the stomach should be preout viously washed with 2 per cent. sodium permanganate solution. This should be done even if the poison has been taken some hours previously. After this half a litre of the same solution is taken, or it may be passed through the tube into the stomach. washing out should be repeated again in a few hours. If washing is again in a few hours. If washing out is not possible, apomorphine should be injected, as emetics administered by the mouth interfere with the permanganate. Where the emetic must be given by the mouth half a litre of sodium permanganate is given immediately afterwards, and. then another half litre after the vomiting. The usual remedies must not be omitted if there is any evidence of absorption having taken place from the stomach, because permanganate is of little service after the poison is absorbed.

—Centralbl. f. inn. Med., June 11, 1898.

EPILEPSY IN SECONDARY SYPHILIS.

Rubino contributes some observations on the occurrence of epileptic seizures in the course of secondary syphilis. He points out how epilepsy may occur as markedly in the seeondary as in the tertiary period of this disease, being due to grave lesions of the superficial structures, or else to direct action of the virus on the epileptogenic centres, and manifesting itself apparently in those patients who are also prone to neuropathic symptoms. The author thinks that it is justifiable to look upon secondary syphilis as the cause of epilepsy when this condition occurs in adult age without other known cause in individuals who were not disposed to this nervous disorder, and in whom the specific affection has either remained latent or has only revealed itself by very slight signs. The clinical picture of secondary syphilitic epilepsy does not seem to differ in its essential characters from the ordinary form, and in referring to it therefore by its name, it is not intended to specify a special disease, but rather a variety, differing alike in its treatment and prognosis in view of its causation. The treatment must therefore be directed to the underlying condition. To this as a rule the seizures rapidly respond, but Rubino points out the importance of continuing antisyphilitic treatment for a considerable time; for if one rests content with the early and apparent immediate success there is likely to be a return of the seizures in a very chronic form. -Riv. d'Igiene e Med., Prat., April, '98.

INSECTS AND THE TRANSMISSION OF CONTAGIOUS DISEASES.

P. R. Joly in a monograph on this subject quotes instances of malignant pustule, Egyptian ophthalmia and Delhi boil conveyed by flies. He has also found as the result of careful observations that the legs of flies may be covered by staphylococci and many other forms of bacteria. Tubercle is particularly liable to be disseminated by flies; thus they come in contact with sputa and other

means whereby tubercle bacilli discharged from the body of the patient becomes ingested. The sects then alight on food and deposit the tubercle bacilli, and thus easily contaminate milk, meat and other substances. The author quotes Versin as having noticed that the bodies of dead flies collected in his laboratory often contained numbers of the plague bacillus. The influence of various insects, more particularly mosquitoes, in carrying the filaria sanguinis is well known. The mosquito has also been suspected as the agent in the conveyance of malaria, and the writer suggests that the "sleeping sickness" is due to infection carried by insects. Ordinary inflammatory conditions may be produced by the common flea and bug, though the writer has been unable to find that the latter insect carries tuberculous infection, as is stated by some observers. The writer goes on to show the importance of warding off flies as far as possible, especially in cases of the diseases mentioned. He suggests a solution of formal as of considerable use for this purpose, and particularly good in cases of phthiriasis.
—These de Bordeaux, 1897.

CARDIAC LESIONS AND BIL-IARY COLIC:

Potain draws attention to the occurrence of cardiac lesions in the course of cases of biliary colic and other hepatic affections. In a patient under his care suffering from biliary colic very great increase of cardiac dullness was noticed, with absence of any of the usual causes. This condition has been noticed by Potain on several occasions, and was first described by him in 1878, in

reference to a patient also suffering from biliary colic, who presented a high degre of tricuspid regurgitation. A little time after this condition had quite disappeared, the hepatic symptoms having subsided. Potain points out that this association of cardiac dilatation and tricuspid incompetence is a variable one, and it sometimes happens that the card-ac lesion becomes permanent, be it from its frequent occurrence or because the bilary condition may be constant. This relation of cardiac dilatation to affections of the biliary system is more difficult to make out in simple cases of catarrhal jaundice. writer, however, quotes Barie as having recorded several cases of this kind in which the cardiac complications disappeared so soon as the catarrhal state of the bile ducts cleared up. It may be asked if a similar complication exists in cases of cirrhosis, and it seems that the rule holds good for cases of hypertrophic cirrhosis accompanied by jaundice. On the contrary, Potain has not noticed it in instances of common cirrhosis. As to the mechanism of this condition, it has been explained in various ways. The suggestion put forth by the writer is that the strain on the right side of the heart is due to a spasmodic condition of the pulmonary capillaries. In support of this there is a certain amount of experimental evidence, for Franck and Arloing are quoted as having shown that irritation of the bile duct raises the blood pressure in the pulmonary artery. It would seem to be a necessary factor that the mucous coat of the bile vessels should be intact, as it appears that in ulcerated conditions there is an absence of reflex influence on the more distant organs. -Journ. de Med., April 10, 1898.



CLINICAL SURGERY AND SURGICAL PATHOLOGY

In charge of T. H. MANLEY, M. D., New York

REMARKABLE VITALITY OF EPITHELIAL GRAFTS.

Dr. C. L. Junggren has recently made a number of experiments in order to determine how long a Thiersch graft will retain its vital-

ity.

He took pieces the size of a 5-franc piece, sterilized and placed them in ascetic fluid. These were preserved from three days to six months. In no instance was there any decomposition. After varying intervals histological examinations were made. In some there were erosions of the corneal layer. In the superficial layer of cuboid cells there were patches of degenerative changes, but the deep stroma was intact. This examination demonstrated that the deep layer of epithelia was in a vital state.

He then made 25 grafts, 11 of which failed, but 14 did well and closed over the nude surfaces they were placed on. The author concludes that the papillary layer of the cuticle retains vitality for a long time, and suggests that when circumstances favor it we should embrace the opportunity of selecting and preserving material from am-

putated limbs.

—Zeitschrift fur Chir., 1898.

Note.—Thiersch immortalized himself when he gave to science the graft which bears his name, for this certainly is one of the greatest boons ever conferred on humanity, as by it deformities may be overcome, limbs spared and unsightly contractions remedied; in fact, it may be employed for a thousand purposes. It is a species of epidermization which in time takes on the characters of true integuments. L. Junggren does well to demonstrate

how long these grafts retain their vitality and how we may provide the material from discarded healthy skin. A year ago at the meeting of the American Medical Association in Philadelphia Dr. Zera Lusk, of New York, described a method of epidermization safe, simple and efficacious. At the same time he pointed out the remarkable vitality of the epithelial cortex. He secured his grafts by raising the upper stratum of Malpighian's layer with cantharides. This was detached, washed, stretched and dried and then laid away in air-tight cases.

He reported cases of deep burns and ulcers which were effectively closed in by these dry grafts, in certain cases the epidermis being from three to six months old, success and serviceable cuticle following in all instances. The writer takes pleasure in being able to support Dr. Lusk's valuable discovery by several instances in which it was utilized by himself with most gratifying results.

T. H. M.

THE METHOD OF CHOICE FOR THE REMOVAL OF HAIRPINS FROM THE BLADDER IN WOMEN.

ANDREW F. CURRIER, M. D., of New York.

Strange as it may seem, the introduction of hairpins into the bladder by women is far from being an unusual occurrence.

Number of cases analyzed, 56.

Ages of the individuals: One at 5, one at 6, one at 8, one at 11, two at 12, one at 13, one at 15, six at 17, nine at 18, eight at 19, three at 21, two at 22, two at 23, one at 25, one at 26, one at 28, one at thirty, two at

32, one at 34, one at 35, one at 42; nine age not stated.

Social Condition—Fifty single,

five married, one widow.

Object of the Act.—This could not always be determined; usually it was connected with masturbation; in a few cases it was to produce abortion. In three cases it was said to have been introduced by another person, and in four to have been swallowed.

Effect upon the bladder.—In all cases where the hairpin remained more than a few hours it produced cystitis with pain, dysuria and fre-

quent micturition.

The result in these cases may be said to be very gratifying. In 40 cases there was immediate, in four there was gradual cure. One case resulted in chronic cystitis, four in incontinence, which may not have persisted, and four in fistula. As to the method of treatment my own preference would be almost without exception for vaginal incision. If the case is a fresh one it is a simple matter to remove the hairpin through a small opening, irrigate the bladder and immediately close the wound. If the case is one of long standing the bladder should be opened to permit of drainage and relief to the chronic cystitis. If a stone must first be crushed it can be done with great ease through such an opening, and whatever the position of the hairpin may be, it can be accurately determined and its removal can usually be accomplished without doing further injury to the structure of the bladder.

-Annals of Gynecology and Pediatry, Vol. xi, August, 1898, No. 11.

Note.—Dr. Currier has done well to call attention to the natural craze of the ungratified female for the insertion of "pins" through the uterus, and his note should impress on us the importance of a physical examination in many cases of acute, painful cystitis in females, when infection can be eliminated.

This reminds the writer of a case wherein a young widow, a Sunday school teacher, taught an associate the indulgence of the candle, but on one occasion the candle by inadvertence slipped into the bladder and there remained. Great distress fol-

lowed. The secret had to be kept from the family and operation had to be performed to extricate the dip. Immediately a report was circulated that an abortion was done, when a young clergyman, betrothed to the lady, suddenly broke off his engagement. The surgeon who had charge of the case was soon besieged by several ladies of society to have him "bring their monthlies on, he had been so successful with so and so." An explanation to the young ecclesiastic smoothed affairs, marriage soon followed and the candle was once more used for its legitimate purpose. T. H. M.

INDICATIONS FOR SURGICAL TREATMENT OF INTESTINAL OBSTRUCTION.

BY PROFESSOR FORGUE.—Montpelier Medical, Juli 12, 1898.

As M. Roux has said, the proper treatment of intestinal obstruction for a long time remained a fruitful theme for discussion. Some would urge immediate section in all: others would delay until all tentative measures were exhausted. But now, with the resources of modern science there. is scarcely any ground for a division of opinion; it is only necessary that positive evidence of mechanical obstruction exists when there should be no delay, but while the vital forces are intact insist on an immediate laparotomy, and hence, in this class the cases must always be regarded as surgical from the beginning.

In internal strangulation one should operate as promptly as in

strangulated hernia.

At this stage results are favorable; to delay until collapse sets in is most reprehensible.

INDICATIONS BASED ON SYMPTOMS.

We must estimate the degree of strangulation and also the rapidity and urgency of the symptoms. Pain is acute and agonizing when the intestine is caught; vomiting is explosive and feculent. Many symptoms set in, the features are pinched, the pulse rapid, feeble and thready, respiration is shallow and very often a deepening cyanosis

points to pulmonary congestion of a reflex character.

EXPLORATION.

Surface and rectal exploration by experienced hands throw much light on the location of stenosis. "The sign of Wahl" is a fixed, localized distention; one may notice a marked bulging. The percussion note is raised and on ausculation it is found the peristalsis has ceased in the lower abdomen. Obalinski has confirmed the value of this sign; but it holds good only in the early stages, as the ballooning disappears early.

"THE SIGN OF GANGOLPHE"

If we open the abdomen early we will find in all cases of strangulation a sero-hemic effusion.

"SCHLUNGE'S SIGN."

In all cases total absence of peristalsis is present at any point below the seat of strangulation, and the intestine is widely dilated above; on the contrary, in subacute cases the peristaltic movements are continuous throughout.

"The sign of Bonveret" applies to the large intestine only. The cecum is greatly distended. A large elevation is found in the right iliac fossa. The fullness augments with periodical spells of colic.

In all cases of obstruction along the colon great assistance is afforded by confined rectal exploration.

"The sign of Langier," when the small intestine is involved, the abdomen is globular in the centre and flat in the flanks.

In the youth or infants the fecal discharges shed much light on the seat of obstructions and its pathology. Nor should we omit to search the history of the patient for former attacks of appendicitis or other inflammatory antecedent conditions of the peritoneum.

Unhappily, in many all these signs avail little, because general peritonism has widely extended and the whole abdomen is everywhere tympanitic or distended with effused

fluids.

LAPAROTOMY.

Here, laparotomy presents many extreme difficulties. Must we, as Hulke and Mikuliez advise, divide the intestine and empty it coil by coil, till the obstruction is found? Or should we do as Kummel and Wohl recommend—entirely eviscerate, turn the whole intestine out on the abdominal wall and search for the stricture with the naked eve? Madelung hesitates to answer, but Rydegier properly observes of this plan that the danger from shock is great and return of the intestine is very difficult. Grieg Smith advises great caution here and says that detection of impediments is generally easy without eventration.

Note by Translator.—Acute intestinal strangulation from mechanical causes within the abdomen is a very rare condition, and is diagnosed with the greatest possible difficulty. We see few of them exhibited at medical meetings, because all but very few go to their graves. The writer has had three in a long surgical service: none surviving 24 hours. In two the intestine was already gangrenous at time of dominal section. A warning is necessary here to remind practitioners that many obscure herniae are overlooked when strangulated and are confounded with internal obstruction. Three such cases have been seen by myself, one in a young woman, femoral hernia; one umbilical, in a physician's widow, an old lady, and one in a middle-aged man, inguinal hernia. Т. Н. М.

SOLID AND LIQUID TUMORS OF THE MESENTERY.

BY M. P. BEGOIN.

The volume of a tumor exercises an influence very manifest on the gravity of its removal.

Modelung removed a mesenteric tumor weighing 35 pounds, Pean a fibroid weighing 16, and Meredith one nearly the same weight.

Operative shock is to be feared in the ablation of large growths. In seven fatal cases collected the tumors weighed from 13 to 40 pounds.

extensive adhesions. length of operation in displacing of these enormous masses, not only explains the operative shock, but also the frequency of peritonitis. nature of the tumor also influences results and the gravity of the opera-

We have noted 15 lipomata, with seven deaths; of sarcomata, four, with two deaths; seven fibromata, with four deaths; one of cancer, one death; one tubercular, one recovery.

Not only do the physical characters of the growth count, by its diffusion and adhesions, but the histologic elements largely effect results.

Lipomata and fibromata are more

manageable than sarcomata.

Recidivation stamps malignant

tendencies.

Relapse occurs in two ways. First, by the regrowth of the remnant of the tumor, when extirpation has been incomplete, as in the cases recorded by Pilliet, Veau and Walther, who had cases which would permit of but incomplete removal and in which regrowth was so rapid as to cut off life within nine days.

In lipoma multiple prolongation readily led to a very extensive and

troublesome repullulation.

Secondly, by the habitual obscur-

ity of the new growth.

We have no knowledge of a recidivation in which a benign tumor underwent cancerous or sarcomatous changes, although Payrot has reported an instance in which, after the removal of a retroperitoneal lipoma weighing eight kilogrammes, in which death, rapidly followed by a vast fresh growth of a similar character. Waldeyer saw a patient perish from lipoma of the mesentery, in which there were secondary myosarcomatous formations of a secondary character in the lungs and liver.

The structure of these mammoth lipomae, too, explain their rapid growth. They are not true lipomata, but always have a large development of myosarcomatous ele-

ments.

CONSIDERATION IN MANAGE-MENT.

When this class of cases come under the eye of the surgeon he has to face the problem of their most judicious management; whether he will proceed to extirpate them or leave them as they are. It is but natural in our day of surgical security to first consider laparotomy; but then we should weigh its dangers and the tendency of these heterogenous

masses to recurrence. Wells, Honanes, Pean, Lockwood, Vanderveer, Terrier and Tuffier, with two Lyonese surgeons report 11 laparotomies for them, with four operative deaths.

Pean's patient succumbed on the second day, Terrier's from strangulation of the intestine, Lockwood's patient died from the same cause and Tuffier's from shock. In one case only—in Terrier's—was the patient alive after three years. Homan's patient had a rapid return and sank from it in six months. In Vanderveer's case the abdominal wound reopened and an enormous fungating mass issued through. Therefore the results have been very discouraging from radical surgery.

Nevertheless to it we must and should resort in the majority of cases. We cannot well abandon them to themselves when near death is certain by progressive functional troubles, circulatory, vascular, respiratory or digestive, or when intestinal obstruction is threatened.

But one circumstance as far as local states are concerned should restrain us, and that is a probability

of malignity.

In those of diminutive volume, provoking no inconvenience, may we wait and observe their course? We believe not, because, now ablation is comparatively safe, there will be little hemorrhage and no shock, and hence a small operative mortality.

Revue de Chirurgie, 10 Juillet, '98.
 Note by Translator.—This is an nteresting and a very rare class of

interesting and a very rare class of cases, no one of which has the writer ever seen. No doubt the position of Dr. Begoin is the correct one as to the safest period for extirpation: but these evidently are insidious in their development. Most individuals are loath to discover a tumor until it causes trouble, and moreover in nearly all tumor cases the family physician stands between the patient and the surgeon. knows from experience that they rarely shorten life, while the surgeon's knife may very swiftly abridge it, and he has, too, noted that in quite a few tumor cases which survived from after extirpation adhesions, hernia or other unpleasant sequelae may succeed. T. H. M.

ABSTRACTS.

In a paper read before the New York County Medical Association on May 16, and published in the Philadelphia Medical Journal of July 30, entitled "Some New Practical Pharmaceutico-Therapeutic Notes and Some New Ideas in Surgical Instruments," Dr. Samuel F. Brothers, professor of anatomy at the New York Post-Graduate Midwifery School, begins by calling attention to some new glass uterine irrigators.

He refers also to a water motor storage battery, invented by himself, and demonstrated on a previous oc-This apparatus is only a miniature water mill, connected by a pulley with a miniature electric The current is distributed from a storage battery, and, with apropriate arrangements, can be used for every known medical, surgical, or even non-medical purpose. The doctor used it for his electric

bell and door opener.

Of interest to the dermatologist are his next notes. Out of some 73 elements, all told, but two drugs are used in the elementary state, viz., powdered iron and mercury. recommends the use of the elements in powder, pill, mixture, ointment, for hypodermic use, as enemata, as rectal, urethral, vaginal or nasal suppositories, or as douches, gargles, mouth washes, or for aural, ophthalmic or larvngeal purposes.

The author suggests the more general use of "wire" instruments. He says: "Just imagine a genito-urinary surgeon using a urethroscope modeled after the pattern of a 'puttyblower,' when he could get a complete view of a large part of the urethra at a glance with a proper wire instrument modeled on the same

lines."

The authors conclude with the remark that instead of using forceps for obstetric delivery (a method which compresses the head of the fetus and wedges the parturient canal open) we should substitute, or at least precede it, by the use of some instrument that will rather enlarge the canal first. For this purpose he advocates a combination instrument that will dilate at once the cervix, vagina and vulva.

A METHOD OF RESUSCITATION IN APPARENT DEATH FROM ANESTHETICS.

Herzog gives the results of some experiments he has undertaken on animals with a view of testing the efficacy of Laborde's method of "rythmical traction of the tongue" in cases of apparent death from drowning and anesthetics. Laborde described his method at the Medical Academy in Paris in 1892. His attention was first directed to the question by observing the good results which he obtained in the laboratory on narcotized animals, by rhythmical traction of the tongue. In eight cases of drowning, where the animal was kept under water for three and a half minutes, resuscitation took place in five cases. In Sylvester's method animals cannot be revived after one and a half minute's submersion. The directions for the use of Laborde's method are as follows: Place a piece of linen round the tip of the tongue and grasp it with the thumb and middle finger; now pull the tongue forward with a jerk, and then relax it again; repeat this maneuver 20 times a minute. A sense of resistance is felt in the tongue before there is any attempt at respiration. Traction should be continued for 30 or 60 minutes. Herzog experimented on dogs. He administered chloroform till the respiration had ceased for one and a half minutes. He found that Laborde's method was useless in cases of asphyxia in a late stage In an early stage of of narcosis. narcosis, however, Laborde's method is distinctly useful when associated with other forms of resuscitation. Traction on the tongue is said to stimulate the centres in the medulla. This necessitates an increased blood supply to the part. The respiratory centre is in close proximity to the centres concerned in the movements of the tongue, the beneficial effect would therefore act on both.

-Deut. Zeit. f. Chirurgie, vol. xlvii, pp. 5 and 6, 1898.



THE ELECTRICAL TREATMENT OF NEURASTHENIA IN HYSTERICAL PATIENTS.

Apostoli and Planet in a second communication record four cases of the association of these diseases treated by electricity. They state that these two neuroses are frequently found in association in the same subject, though in different degrees. Neurasthenic patients who are also hysterical often derive great benefit from treatment by static electricity or by franklinization. The curative process of the static bath is especially exercised upon insomnia, and its effect is marked by the return of normal sleep. Most, but not all, hysterical patients whose condition is improved by static electricity show an intolerance varying in degree, towards the high frequency currents, and especially towards auto-conduction in the electric cage. Faradization, which is as a rule indicated as alone serving to produce an effect upon certain local hysterical troubles, especially those of sensibility in one organ or a limited region, is often powerless, while static electricity, which acts in a general manner, may give more rapid and more effectual results. Static electricity can indeed, according to the authors, bring about the disappearance of certain hysterical manifestations, such as convulsive tics complicated with constipation and copremia. The cutaneous sensibility to the static spark, which is found to be abolished or more or less diminished in hysterical patients who are commencing electrical treatment can be more or less completely restored under the

influence of franklinization alone; this can therefore be used as a supplementary aid in diagnosis. Finally the authors state that static electricity or franklinization (consisting of a simple bath with electrodes leading off from the vertebral column and the painful points) is the most capable and efficacious electrical means of rendering aid in every respect in the treatment of a certain number of hysterical cases.

-Annales d'Electrobiol., May 15, 1898.

AN IDEAL SANATORIUM.

S. Bernheim and Blanchet (Paris) say that although the isolation of consumptives in hospitals is a prophylactic process it is not very useful for the patients themselves, who, placed in indifferent sanitary conditions and an impure atmosphere, derive relatively little benefit from the measure. What is needed sanatoria constructed expressfor consumptives at altitudes of 800 to 1400 metres, for from the dwellings of men, and particularly from any large centre of population. The authors suggest the following plan of sanatorium as a type: An immense central building connected with two wings by vast glass-covered galleries. On the south front there should be a gallery 200 metres in length for the open-air treatment. All the bedrooms should have a southern aspect, and should resemble a surgical operating room in appearance and in furniture; they should be capable of being easily made aseptic. Each one should have accommodation for only two patients. As regards the financial side

of the question the authors contend that if the sum recently voted by the Paris Municipal Council for the isolation of consumptives were to be devoted to the construction of sanatoria the city of Paris would be able at once to have 12 model sanatoria, which would accommodate 12,960 consumptives every year. This would have the further advantage of setting free a large number of beds in the general hospitals, which are badly needed for other patients.

—British Medical Journal.

EFFECT OF ETHER INHALATION UPON THE LUNGS.

W. Lindemann has experimentally investigated this subject and finds the effect of ether inhalations upon the lungs a double one—(1) the pulmonary vessels lose their tone and dilate, (2) their walls become more pervious, and hence edema results. The congestion and edema are, of course, increased if the cardiac action is enfeebled; without such cardiac weakness the edema cannot become dangerous. The vascular dilatation is effected early in the administration of ether, and lasts for some little time after the latter is ended; the pervishness of the vessel walls develops later, but restoration to the normal occurs rapidly. A number of different pathological conditions can thus arise depending upon the presence or absence of cardiac weakness or failure and upon the time of onset of the same; for example, before pulmonary changes have occurred, or after the vascular dilatation, but before transudation, etc. Ether has thus a toxic effect upon the pulmonary vessels; such toxic effect is accompanied or followed by an exudation of lymph, and this albuminous material may form a ready nidus for invading organisms, with consequent pneumonia.

-Centralbl. f. Path. 11-12, 1898.

BACTERICIDAL ACTION OF NORMAL URINE ON THE IN-FECTIVE AGENTS OF CYS-TITIS.

M. Botaski has recorded his experiments on the inhibitory action of urine on germ life.

He found that healthy urine but

feebly influenced the multiplication of the coli-bacilli, but when the acidity of the urine was intensified by administering boracic acid the germ was promptly destroyed and disappeared from the urine.

—La Presse Med., 29 Juni, '98.

SURGICAL TREATMENT OF IN-TESTINAL TUBERCULOSIS.

Margarucci states that the parts of the intestinal canal most frequently affected are in their order of frequency the last part of the ileum, the cecum, and the first part of the ascending colon. Bacilli may reach the intestine not only in the food but through the blood. In the first method of entrance multiple ulcerating foci result, in the second an exuberant production of inflammatory tissue about tuberculous granulations in a limited part of the intestine. Women of middle age are most often affected. The pain may be diffused or localized, continuous or spasmodic; nausea and vomiting are frequent. Tumefaction in the painful part, which easily changes in volume, may be detected. The painful spasm is followed by diarrhea. These symptoms are more common where there is some stenosis either from cicatrization of old ulcers or from tuberculous neo-formations. The best treatment is resection of the affected parts. The author refers to seven cases which were operated upon. The mortality was 42.8 per cent., with four cures. Details as to the operative technique are given, and a record of eight cases of intestinal tuberculosis illustrating various points in the disease. Pantaleoni (Archiv. Prov. de Chirurgie, June, 1898) reports a case of tuberculous stenosis of the small intestine in a woman aged 33 years, in which he removed with complete success about five inches of the affected gut, the walls of which were much thickened and of cartilaginous hardness. The divided segments of intestine were brought together by three rows of sutures. The operation was a long and complicated one, as it was found necessary not only to remove a portion of the mesentery, but also, as firm adhesions had taken place between the affected loop of intestine and the posterior surface of the bladder, to resect at the seat of this adhesion the serous and muscular layer of the vesical wall. In this case there was no restriction with regard In the course of the to feeding. after treatment some tea was swallowed about three hours after the operation, and after the first . 24 hours the patient was allowed to take what she fancied. The author holds that if the two ends of the divided intestine be carefully and properly united by sutures, and if the operation prove to be an aseptic one no risk should attend the passage of food already reduced by the digestive processes to a thin and absorbable pulp. The paper contains a careful study of the clinical characters and diagnostic signs of intestinal tuberculosis, and a review of 12 previously recorded cases in which this morbid condition was treated by enterectomy.

-II. Polielinico, Nos. 4, 6, 8, 10, 1898.

OLD METHODS MODERNIZED THE BEST.

BY ROBERT PETER, M. D., Toledo, O.

In the medicine of the past, ointments played a most important role. While this is not so much true of the present, yet ointments still maintain a position in therapeutics as so far indisputable. Certain instances exist in which no better form of application has yet been attained.

This form of therapeutic application is necessary in topical treatment, demanded in cases requiring prolonged local contact medicament. The earnest lesson which bacteriology teaches us uncompromisingly demands that asepticism must be observed in the making and the application of ointments. This fact itself requires the best of judgment in the selection and application of such an agent. To be harmless, deterioration must be an impossibility. To this end all formulae of ointments must be directed in their make-up.

In the first place the base used in the compounding of an ointment must be of an antiseptic nature, one that possesses a fair amount of body and is perfectly miscible. This is necessary in an acceptable and safe vehicle for ointment. Next, but of no less importance, is the selection of the constituent substances which are to impregnate the base and thus complete the ointment. The same injunction must be observed as to their proper selection, as was mentioned of the base, along with their special properties of therapeutic design. Indications of application will largely depend on the nicety of judgment of the practitioner himself.

In a general way it may be stated that ointments are mostly indicated in the treatment of skin diseases. This is the field of application par excellence. The indications are various. It may be to relieve tension, to dissolve incrustations, to abort secretions, or to exert a direct healing influence. Such preparations are selected at times to meet one, several or all of these indications. The nature of every case dictates the amount and frequency of its application.

The preparation of an ointment is laborious and not the most delightful task if prepared properly, and in most cases when wanted it is seldom on hand. There is nothing so useful and with such a wide range of application, both for the physician's office and buggy case or saddle bag as a good, thoroughly antiseptic, astringent ointment or surgical dressing, as he will find uses for it many times daily. Recently our attention has been called to such a one. We refer to Unguentine, manufactured by the Norwich Pharmacal Company, of Norwich, N. Y., which they claim it to be a modernization or Americanization of the old alum ointment of Sir Astley Cooper. Its formula calls for alum, carbolic acid and ichthyol, with a petrolatum base. find an excellent formula for general

The use of petrolatum as the base of a surgical dressing or ointment is above all reasonable criticism. It is of itself antiseptic and will not deteriorate. It is usually of such consistency to give sufficient body for this purpose. In fact, it makes a safe basis. The healing and astringent properties of alum are too well known for us to comment upon. We will only say, while used in much

larger quantities than is recommended in the U. S. Pharmacopia, it is non-irritating and soothing in this amount. Lord Lister's sheet anchor carbolic acid is a time-tried antiseptic, while ichthyol is a substance as well adapted as a constituent as that we have in the formula of Unguentine, an ideal surgical dressing and ointment.

Our experience with it has been mostly in the treatment of burns and other cutaneous affections, with good results. In the treatment of burns it is splendid, and in chronic eczema it has also done good service.

Case 1. J. C., a boy 10 years old, scalded the calf of his right leg. The parts were red, swollen and painful, with large blebs. The wound was washed with sterilized warm water, and treated with Unguentine by spreading same on sterilized linen and bandaging once a day. The first application relieved the pain and the case healed rapidly.

Case 2. Miss B. B., aged 19 years, in assisting her mother in washing burned her wrist. The parts were extremely painful and much swollen, the patient very restless and nervous. The burned limb was bathed in warm sterilized water and the affected parts dressed with Unguentine. The pain ceased with the first application and the patient made a good recovery.

FOOD AND TEETH.

George W. Williams, D. D. S., of Richmond, Ind., one of the leading dentists of that State, and a popular writer on dental subjects, in a re-cent article says: "Many of the prepared foods sold for children are destitute of the qualities necessary to form sound and painless bones and teeth, and there is a great difference in growing up with finegrained, well-glazed teeth in comparison with having the brittle, chalky teeth we commonly see. Diet is of the first importance in promoting the upbuilding of the boney system, and incidentally we would state that as a food for this purpose there is nothing that will equal Imperial Granum. It is a pure, unsweetened food, made from the most nutritious portions of the finest growths of wheat. No derogatory word has ever been uttered by the medical or dental professions against Imperial Granum and its bone-building qualities. Perhaps the most important period in childhood is when the first set of teeth are erupting. It has been calculated that one child in ten has its life destroyed in consequence of diseases which have their origin at this time. Thus it is evident that children should be watchfully cared for. and I believe that besides those who die from diseases readily traced to irritation during the eruption of the first teeth a number are the victims of diseases superinduced by general neglect of the mouth and the consequent tooth decay and improper mastication of food.

TREATMENT OF FRACTURED PATELLA.

Ball describes a method of radical operation for transverse fracture of the patella, which may be used in recent cases or in cases which have failed under ordinary treatment. He exposes the joint by a horse-shoe flap and cleans out all blood clot. The edges of the fragments are trimmed and a periosteal flap raised from A wire rope consisting of eight strands of steel wire is used and annealed just before being used. This is passed in two separate pieces. the upper piece passing through the quadriceps tendon, and down each side through the tendonous expansion to the level of the fracture. The lower piece is passd through the ligamentum patellae, etc., in the same way. The two wires are then tightened and twisted together at the sides and their ends hammered flat. The periosteal flaps are united by catgut. The author thinks this method as safe as any subcutaneous wiring, while it has the advantage of exposing the parts to view and cleaning the joint thoroughly. He recommends it in all cases where the surgeon is sure of his antiseptic precautions. He quotes a case of six months' duration, previously treated only by rest in bed, where the fragments were separated four inches. After treatment in the way described the wound healed in a week, passive motion was begun in two weeks, and the patient walked in a month. A subsequent skiagraph showed the fragments united and the wire rope in situ. No harm apparently results from the presence of the wire rope in the tissues.

-Practitioner, May, 1898.

LACTOPHEN IN THE TREAT-MENT OF INSOMNIA IN THE INSANE.

Cristiani has given lactophen for insomnia in over 200 cases of insanity with very good results. The dose given varied from one to three grains, the remedy being administered in some sweet emulsion. Sleep that had all the characters of natural slumber followed in a very short time, lasted from four to nine hours and was not succeeded by any bad effects—no stupor or morning headache and no digestive disturbances. Like most other hypnotics it lost its effect after continued use, but after a short intermission could be used again with good? results. The author used it in all kinds of mental cases and in different physical conditions—for example, cardiovascular, kidney and other diseases. He considers it quite safe and more generally useful—in insane subjects —than opium, chloral, trional or any other hypnotic. As it has no taste or smell it is not difficult to administer.

· -Rif. Med., June 16, 1898.

RUPTURE OF LEFT VENTRICLE.

Duplant relates a case of rupture of the left ventricle in a man aged 68. The patient had complained of pain in his left side for some considerable time. Ten days before his death he began to suffer from severe dyspnea and edema of the legs. His face was cyanotic, and the radical pulse was scarcely perceptible; signs of pericardial effusion developed. At the post-mortem examination the pericardium was filled with blood and the left ventricle was torn; the opening, about the size of a shilling, was filled with blood clot. This fact probably enabled the patient to live ten days after the perforation took place.

-Lyon Medical, No. 17, 1898.

Judging from frequent reports in current medical literature Lysol is being extensively used by many of our well-known surgeons. The saponaceous character of its solution is very advantageous in many cases, rendering a special surgical soap unnecessary in preparations for operations. It is a non-toxic, antiseptic, soluble in water, and is especially used in gynecology for intra-uterine irrigation after curettage (Professor Augustin H. Goelet, School of Clinical Medicine, New York), and is not caustic like carbolic acid and preferred to it as well as to bichloride of mercury for vaginal douches in obstetrics (Dr. Mary H. McLean), and for cleaning lacerated wounds and contusions (Dr. E. O. Plumbe, Railway Surgeon, April, It is used in 1.2 to 1 per 1898). cent. solutions in water (Notes on New Remedies).

A MEANS OF EMPTYING THE BLADDER.

Anderson says that the bladder, when partially paralyzed from parturition or any other cause, can always be made to empty itself perfectly by throwing a large amount of very warm water into the bowel, thereby doing away with the necessity of using a catheter, a most important consideration, particularly when the patient lives at a distance from the doctor.

After difficult and protracted labors he has been obliged to use the catheter every day for weeks at a time, which was annoying to the patient and inconvenient to himself. Since using the plan here recommended, he has had no trouble in this direction, the bowel and the bladder emptying themselves at the same time.

Louisville Medical Monthly; N. Y. Med. Jour.

RESECTION OF THE TRANS-VERSE COLON FOR GUNSHOT WOUND.

Venturi (Rif. Med., April 16, 1898) reports the case of a woman, aged 29, admitted into hospital on January 13 with gunshot wound of the

umbilicus. On passing a probe the wound was found to extend upwards and gas escaped. Owing to the grave condition of the patient (pulse 140, respirations 40, vomiting, etc.), operation was postponed until the next day, when laparotomy was performed. It was then seen that the omentum was perforated, and the anterior wall of the transverse colon, the posterior wall was ulcerated, but not perforated. It was decided to resect the injured part of the bowel, and some 8 cm. of the colon was excised, and the two ends united over Murphy's button, with Lembert sutures. The operation lasted two hours and was well borne; a small iodoform gauze drain was left in. The subsequent progress of the case was very satisfactory. The bowels (which had not been open for ten days) acted freely the third day after the operation. On January 31 Murphy's button was passed in the feces, and on February 15 (30 days after the operation) the patient left the hospital completely re-established. British Medical Journal, June, 1898.

ADENOIDS IN THE FIRST YEAR OF CHILDHOOD.

H. CUVILLIER, PARIS.

In his experience the author has met with 64 cases of adenoids in children under one year of age. Laryngo-tracheitis, laryngismus stridulus, spasm of the glottis and emphysema have been observed as sequelae.

This observer resorts to the medicinal treatment in young subjects, employing instillations of menthol in oil, 1.60; or resorcin, 1 to 50 or 25.

-Am. Med. Surg. Bulletin, Vol. XII, No. 9.

EXTIRPATION OF SOFT PALATE AND TONSIL FOR CARCINOMA.

EDWARD H. LEE.

The patient, a man aged 53, had good family and personal history. No cause could be found for carcinoma except smoking. The trouble had existed nine months at the time of operation. Swallowing became painful the second month and had increased up to a point of not allowing the swallowing of solid food. The tumor involved the whole soft

palate and left tonsil and was one inch in diameter. The microscope established the diagnosis of carcinoma. The submaxillary gland was

enlarged.

The first step in the operation was the ligation of the external carotid to control hemorrhage; the second, inferior tracheotomy and packing the larynx with gauze; the third, temporary resection of the symphisis of the inferior maxillary bone and drawing the tongue into space thus formed to make room for work; the fourth, the removal of tumor by dissection and suturing incised edge to mucous membrane of the hard palate with the interrupted suture. Six months after the operation there was no sign of a return of the tumor.

—Medicine, February, 1898.

MR. BALFOUR AND THE EN-

DOWMENT OF RESEARCH. Mr. Balfour, in the course of an address to the students, said that it was a great satisfaction to him that the first occasion on which he took part in the work of the great hospital of which he had so lately had the honor of becoming a governor, should be in relation to that portion of its double labors which dealt with medical education. The work of the hospital in alleviating sickness and pain among the poor appealed directly and immediately to the sympathies of all. But that side of the work of the hospital could not flourish unless the medical schools of this country and all countries engaged as they were in the furtherance of medical research were liberally aided in the great work they had to perform. The public, though it was ready to talk of the enormous advance made by the science and art of healing, did not thoroughly realize its responsibility in this respect. The progress might be expected to be still more rapid in the future if only the conditions of such progress were thoroughly realized, and public assistance adequately given. At one time almost the only sciences subsidiary to the art of healing were anatomy and physiology, but now medical research drew its inspiration not only from those sciences, but from chemistry and physics. But

the growth of all departments of science and the mass of facts which they accumulated rendered specialization inevitable. It followed that reliance for advance must be placed more and more upon people whose main labor was research. The cost of adequately equipping medical schools with teachers, and not only with teachers, but also with persons who could devote their lives to the developing knowledge, work of provided for out of must be at present forthcomfunds not ing. The man who would succeed in research had upon his shoulders not only the specialized work of his profession, but must have a sympathetic and appreciative eye to everything that was going on in other departments of science, so that, even where he could not follow those other departments minutely he might know where to pick up those other departments minutely, he might know where to pick up those new discoveries which might help his own special branch of research. For such men further endowment was required. He was an ardent believer in the cause of the endowment of research, and there was no branch of knowledge which it was more needed than for the advancement of medical knowl-It was wonderful how the public were willing-rightly willing -to pay for the services of those whose clinical genius demanded, and ought to have, the fullest recognition, but apparently put aside with indifference the not less essential kinds of genius which dealt with the progress of knowledge. This failing was due not to selfishness, but to lack of imagination. The work of the medical practitioner was seen at once, but that of the man who spent his life in pursuit of the secrets of nature, working in his laboratory, often received no public recognition except from that restricted circle of experts who were capable of forming an estimate as to its merits."

—The British Medical Journal.

Natural animal growth is an agent that must be taken into account by every surgeon who wishes to be successful in the treatment of the de-

formities in children. It is well known that growth in animal life is governed chiefly by the law of conformity to type; when the influence of the latter is either interrupted or inhibited by some other influence of a stronger kind growth will produce deformity. On the other hand, however, when these adverse influences are removed or disappear spontaneously, the law of conformity to type, which was for the time being overruled, will again assert itself, and growth will be an agency for the removal of deformity. Applications of these principles may be illustrated by a case of marked rachitic curvature of both femora, in a child 7 years of age, which entirely disappeared in the course of 12 months. during which time the weight of the body had been removed. stances in which deformities following green-stick fractures in childhood disappear in course of time, at once suggest the uselessness of attempting to correct the deformity at once. The influence of growth in the removal of deformity is displayed in the spine in cases of scoliosis in a remarkable degree. The applications of the principles involved in the question of animal growth to the treatment of deformities, while all tending in the direction of conservatism, wil be attended with the most gratifying results.

Growth as an Agent in (1) Production and (2) the Removal of Deformity. (Illustrated.) Howard Marsh.

-British Medical Journal.

A SIGN OF CONSUMPTION.

Habitual coughing after eating, with vomiting following the coughing, is pretty certain evidence that the sufferer is a consumptive. -Denver Med. Times.

OPTHALMIC PROTARGOL IN PRACTICE.

Bossalino has employed protargol, which is an albuminate of silver, in affections of the conjunctiva and lachrymal sac. It is a yellowish powder, easily soluble in water, and not precipitated therefrom by albuminoid substances, by acids or by alkalies, nor reduced by the action of light. Bossalino has used it in 1-2 per cent. solution as a lotion, and

in 5 to 10 per cent. solution as an application. While not particularly satisfactory in cases of blepharitis or of phlyctenular conjunctivitis, it has been beneficial in the catarrhal forms of conjunctivitis and in dacryocystitis. While less energetic than nitrate of silver it has the advantage of not causing irritation and smarting; nor is it liable to cause deposits on the cornea. It can safely be prescribed to patients to use at home. It is not precipitated by the tears.

—Gazz. d. Osped., March 27, 1898.

ON THE TREATMENT OF STONE IN THE BLADDER WHEN AS-SOCIATED WITH HYPER-TROPHY OF THE PROSTATE.

In the Annals of Surgery for May, 1898, under the above heading, Dr. E. L. Keyes, of New York, contributes a paper worthy of the author, whose conciseness and purity of diction might with advantage be imitated by his fellow-countrymen. He deals with the subject of litholapaxy in such cases and points out that without detracting from the usefulness of Bigelow's operation, litholapaxy is, in his opinion, not an ideal treatment where vesical calculus and hypertrophied prostate co-exist. In such the treatment of the hypertrophied prostate is of more importance to the patient than removal of his calculus, and "it is no more logical to expect a cure of the complex malady by removing one of its objective symptoms—the calculus—by crushing or cutting, than by removing one of its subjective symptoms —pain—by opium." The truth of this he illustrates by several welltold cases, and maintains that it is the surgeon's duty to remove the calculus and at the same time any prostate lobe projecting into the bladder, and to lower by gouging, the internal or opening of the urethra to the level point the lowest of bladder, so as to permanently away with any difficulty of micturition and the presence of any residual He advises against the serurine. ious procedure of prostatectomy, and does not favor orchidectomy, and he maintains that vasectomy is of little use in reducing the size of the prostate. He prefers the removal of projecting outgrowths and the lowering of the vesical prostatic orifice, and forcing it to heal up by the prolonged wearing of a large perineal tube. He sums up his conclusions with these words: "Finally, here, as elsewhere in surgery, the only safe, practical guide is surgical judgment, based upon diagnosis, guided by experience."

-The Scottish Medical and Surgical

Journal.

LOCAL ANESTHESIA ELECTRIC-ALLY INDUCED.

While making experiments on the sensations derived from sinusoidal currents, says the Scientific American, it was recently discovered by Professor Scripture, of Yale, that anesthesia of the tissues resulted from currents of high frequency, the condition even persisting for some time after removal of the electrodes. This should excite the attention of medical men, surgeons more especially; and if such local anesthesia proves to be wholly practicable and safe, such will prove a veritable boon indeed.

THE TREATMENT OF CORPU-LENCE.

That thyroid feeding has proved an efficient remedy in the treatment of corpulence is now a well-known fact, established by a large number of careful clinical observations. There is still, however, a great diversity of views as regards the best means of obtaining the effect of thyroid medication. While some authors prefer administration of the fresh gland others make use of fluid preparations or dry extracts. There can be no question, however, that the most reliable, as well as the safest and promptest results are obtained from the active principle of the thyroid in the form of a trituration with sugar of milk, named iodothyrine. By resorting to this form of thyroid medication all its objectionable features are entirely removed. Inasmuch as the amount of active principle present in the thyroid extracts in the market has been shown to vary greatly it is impossible to adopt any uniform dosage, or to expect any uni-

thyroid exform results: besides tracts contain a considerable proportion of albuminous by-products, which decompose readily and thus become a source of toxic effects when ingested. Still another objection applies to them—their effect, when internally administered, depends to a great extent on the completeness of their digestion and absorption. On the other hand iodothyrine has none of these disadvantages. As it is the active principle of the gland it requires no preliminary digestion, but is at once absorbed and promptly produces its effect. Being a substance of definite composition, its dosage can be easily regulated in accordance with the effect desired. Lastly, as it is free from all decomposition products, it can be administered without any fear of toxic or unpleasant secondary effects.

A METHOD OF RESUSCITATION IN APPARENT DEATH FROM ANESTHETICS:

Herzog (Deut. Zeit. f. Chirurgie, Vol. XLVII, pp. 5 and 6, 1898) gives the results of some experiments he has undertaken on animals with a view of testing the efficacy of Laborde's method of "rhythmical traction of the tongue" in cases of apparent death from drowning and anesthetics. Laborde described his method at the Medical Academy in Paris in 1892. His attention was first directed to the question by observing the good results which he obtained in the laboratory on narcotized animals by rythmical traction of the In S cases of drowning. where the animal was kept under water for three and a half minutes, resuscitation took place in five cases. In Sylvester's method animals cannot be revived after one and a half minute's submersion. The directions for the use of Laborde's method are as follows: Place a piece of linen round the tip of the tongue and grasp it with the thumb and middle finger; now pull the tongue forward with a jerk and then relax it again; repeat this maneuver 20 times a minute. A sense of resistance is felt in the tongue before there is any attempt at respiration. Traction should be continued for 30 or 60 minutes.

Herzog experimented on dogs. He administered chloroform till the respiration had ceased for one and a half minutes. He found that Laborde's method was useless in cases of asphyxia in a late stage of narcosis. In an early stage of narcosis, however, Laborde's method is distinctly useful when associated with other forms of resuscitation. Traction on the tongue is said to stimulate the centres in the medulla; this necessitates an increased blood supply to the part. The respiratory centre is in close proximity to the centres concerned in the movements of the tongue, the beneficial effect would therefore act on both.

-The British Medical Journal.

INSECTS AND THE TRANSMISSION OF CONTAGIOUS DISEASES.

P. R. Joly in a monograph on this subject quotes instances of malignant pustule, Egyptian ophthalmia and Delhi boil conveyed by flies. He has also found as the result of careful observations that the legs of flies may be covered by staphylococci and many other forms of bacteria. Tubercle is particularly liable to be disseminated by flies; thus they come in contact with sputa and other means whereby tubercle bacilli discharged from the body of the patient becomes ingested. The insects then alight on food and deposit the tubercle bacilli, and thus easily contaminate milk, meat and other substances. The author quotes Yersin as having noticed that the bodies of dead flies collected in his laboratory often contained numbers of the plague bacillus. The influence of various insects, more particularly mosquitoes, in carrying the filaria sanguinis is well known. The mosquito has also been suspected as the agent in the conveyance of malaria, and the writer suggests that the "sleeping sickness" is due to infection carried by insects. Ordinary inflammatory conditions may be produced by the common flea and bug, though the writer has been unable to find that the latter insect carries tuberculous infection, as is stated by some observers. The writer goes on to show the importance of warding

off flies as far as possible, especially in cases of the diseases mentioned. He suggests a solution of formal as of considerable use for this purpose, and particularly good in cases of phthiriasis.

-These de Bordeaux, 1897.

INDICATIONS FOR RESECTION OF THE URETHRA.

Roysing, in Klin.-Therap. Wochenschrift, gives this enumeration: 1. In impermeable strictures. 2. In cases in which the stricture is elastic and immediately recurs after an attempt at dilatation, and above all in cases in which at the same time an ulcer or a suppurative urethritis exists back of the stricture. 3. When the stricture is of a peculiar character, diaphragmatic with an eccentric opening, valve-like, or something similar, whereby we are enabled to enter one day and not the following. 4. When severe pain or hemorrhage from granulation masses renders a systematic bougie treatment impossible. 5. When a fistula remains permanently back of a stricture, as the remains of a peri-urethral abscess or an external urethrotomy.

THE FOLLY OF UNJUST CRITICISM.

For those who are amenable for just criticism we make no apology, but when the editor of a prominent medical journal, seated securely in his sanctum, a thousand miles and more from battlefields, seizes upon the report of a newspaper correspondent and allows himself by such sensational means to be wrought into unwonted furor, it were well not only to assure himself of his facts, but the reasons therefor, before assuming censorship of the surgical section of the army, and imputing to the Surgeon General and his associates the crime of neglect in failing properly to provide at once and upon the spot for nearly two thousand wounded men. Does the criticising editor realize that in such an emergency it would require a regiment of surgeons to render immediate attention to all of those in need?

True there were not ambulances and cots at hand, though never more needed than after the battle of Siboney, but these could not be created on the field, and it is well known that every available means at that moment was subordinated to the one purpose of placing fighting men and batteries at the front.

It must be remembered that surgeons were not in command. It must be borne in mind that prodigious efforts only on the part of the army enabled it to make its way through such tangled and untrodden defiles, and that supplies of all sorts, hospital stores included, must follow as they could. What wonder, then, that when our brave men were falling by hundreds in that fatal ambush cots and ambulances were not at hand.

It is not our purpose to pass judgment upon newspaper reports, but we submit that it is anything but just to utter wholesale criticism upon the surgical arm of the service without knowledge of extenuating facts.

The reply to this severe criticism of Surgeon General Sternberg appears in the Medical News of August 6, in which he says: "Everyone who has read the papers knows about the difficulties encountered in landing supplies at Siboney. As is usual under such circumstances, the fighting men with their guns and necessary for their subsistence were first landed and hurried to the front. The "Relief," loaded to her utmost capacity with medical supplies, arrived at Siboney four days after the fight at El Caney. That she was not able to get there sooner was a great disappointment to me, but was no fault of the Medical Department. asked for a hospital ship in good time, but there was unavoidable delay in securing a suitable vessel and in preparing her for service."

Could the critic have been superior to his commander? Could ships wait upon his pleasure? Or the surf subside? Or an army give place to ambulances in such a time as this? There are emergencies in war, and provisions most needful cannot at all times and at once be made. It would be better to commend rather than to criticise when officers of every grade and men as brave and true are making for those who lag behind

such glorious history.

-North American Practitioner.

BRAIN TUMOR.

A symposium on this subject took place in the Section of Neurology and Medical Jurisprudence at the recent meeting of the American Medical Association. C. H. Hughes (St. Louis) discussed the "Symptomatology;" F. Peterson, New York, "Localization:" E. Jackson, Denver, "Ocular Symptoms;" P. C. Knapp, Boston, "Treatment from the Neurological Aspect," and W. W. Keen, Philadelphia, "Treatment from the Surgical Aspect." Hughes said that conditions of the intracerebral circulation, excited by or preceding the development of a neoplasm, glioma or other growth within the brain, by a morbid cause projecting within it from the brain's enveloping membranes or boney covering, caused a symptomatology—cephalalgia, neuro-retinitis often, and sometimes glaucomathat might exist independently of any form of intracerebral or intracranial morbid growth. Hysteria complicated, even as it was sometimes complicated, by cerebral tumor. Altered cerebral circulatory states, especially of vasomotor origin, independent of intracranial growths, were not continuous as tumors were. Chief among the persisting signs were the ocular fundus and pupillary signs, the paralyses of cerebral source, monoplegias, hemiplegias, etc., monospasm, hemispasm, etc., tremors, epilepsy, vertigo, paralyses of sensory, motor and special senses, inco-ordination, anesthesia and pain due to regional or general cerebral irritation or pressure and degeneration due to intracranial pressure. Such a symptomatology opened the possibilities and consequences of cerebral sclerosis, atheromatous, inflammatory or spevascular changes. emboli, thrombi or thrombotic inflammation of vessels, apoplectic sequelae, abscesses, interstitial nephritis, uremic, alcoholic or other toxipathies, involving the brain, its vessels, texture or coverings, and serous, ventricular or subarachnoid effusions. Insanity was often a marked symptom of tu-Peterson presented several charts, one showing the localization of functions in the cortex, another showing the centres of language and

the result of their lesions. Jackson referred to optic neuritis as the most striking and significant symptom of brain tumor occurring in 80 or 90 per cent. in all cases. It could not however, be regarded as pathognomonic, and it was of little value in indicating the location of the tumor. The typical optic neuritis of brain tumor was characterized by great swelling, sometimes 10 or 12 D. (3 millimetres), abruptly limited, at no great distance from the margin of the disk, with arteries narrowed, The typical optic neuritis of brain veins dilated and very tortuous, and small vessels much e nlarged. but not very numerous, scattered through because swollen tissue; small flame-shaped pilla; the other portions of the fundus, except for the alteration in the vessels, being normal or presenting changes that were in most cases slight as compared with those at the disc. In contrast, swelling and discoloration of the disc, occurring as an anomaly, were never of very high degree. Jackson also referred to optic atrophy, changes in the pupil, with impairment of accommodation, paresis of the extraocular muscles. nystagmus, impairment of central vision and limitation of the field of vision, and impairment of color perception. Knapp said that of 405 cases collected by him the growth in 34 was found but could not be removed; in 92 it was not found at the point of operation, and in 224 it was found, but in 34 of these it was of such a nature that it could not be wholly removed; in 55, or 14 per cent., the operation was palliative, and in some of these there was perhaps a mistake in diagnosis. was not very sanguine as to the results of operation in cases of tumor, but he dwelt upon the advisability of operative procedure for gummata and tuberculous growths. The greatest danger was associated with sarcomata and gliomata, the likelihood of recurrence being especially marked. Keen referred to the difficulty of localization, and urged that every case of brain tumor be subjected to faradism during the operation before the tumor or the brain was touched. As to the technique of the operation

Keen advocated a very large opening, as giving a better opportunity to ascertain the location of the tumor.

DRESS IN HOT WEATHER.

The heat of the weather during the last week has, as usual, taken city dwellers in this country by surprise. One day we are donning winter garments and the next we wish, as Sydney Smith said, that we could take off our flesh and sit in our bones. The unfortunate chained to his desk in August goes to his work larding the lean earth and cursing the unalterable decree of fashion which compels him to wear a linen shirt and a high, heavy, ridiculous cylinder on his head. If the sufferer be a woman her case is not much better. for, though she may cover her head with the flimsiest bunch of flowers and lace, she must encase her body in an impervious steel-ribbed corset. If over-eating and over-drinking are the two chief causes of disease in adult life, the absurd costume to which custom condemns us is certainly a good third. To the average man in good health it is a positive joy to work hard on a warm day if he may dress in flannels, and half the enjoyment of a summer holiday lies in the physical pleasure of escaping from the garments of civilization —the boiled rag and the chimney-pot hat. Our forefathers, indeed, played cricket in this garb, and if we have so far broken with tradition why may we not go a step further? On a hot day, to a man not in perfect condition, the white cotton shirt with its linen front is a positive danger. He perspires in it all day, hurries to catch a train and sits perhaps in a draught, and his shirt, which retains the moisture of the perspiration, forms a veritable freezing machine. There are a sufficient number of men even in cities with enough strength of mind to show practically by example that a flannel or woolen shirt may look as neat and clean as a linen, and it would be a good thing for the public health if they had more imitators. Another point worthy of attention is that tailors

have the absurd custom of lining waistcoats and certain parts of trousers with cotton material. One of the miseries of the stout man who goes for his holidays on the moors or the mountains is the chafing at what the tailors call "the fork" of the trousers. This is due to the insane and dirty custom of sewing a piece of cotton stuff into the inside of the trousers at this point. This soon gets moist or wet with perspiration, forms a kind of poultice to the skin and quickly produces inter igo. There is absolutely no excuse for this sartorial eccentricity. Fine woolen material can be obtained for the purpose, and the tailors will put it in if told to do so, though it is necessary to give strict orders that no cotton shall be used in any part of the garment: otherwise it will be introduced somewhere. In a flannel shirt and a woolen suit a man may with ordinary prudence defy any weather, hot or cold, likely to be met with in these islands, provided that in warm weather he eats in moderation of a diet mainly vegetarian, and quenches his thirst with beverages which are not alcoholic. If the attempt to reform men's dress is arduous, in the case of women it is desperate. In cold weather most of the well-to-do class now wear woolen "combinations," which make the danger of their over garments less imminent. But with the approach of hot weather they discard these safe articles of clothing and take to a cotton shift, cotton coverings for the thighs, and a stiff, impervious corset. Anything more atrociously unhygienic could not be imagined. Women now lead more natural lives, why should they not wear more rational clothes? Unfortunately rational dress has come to mean bloomer costume, which has gone out of fashion even with the most "advanced." As has been said, tailors can be forced into making men's clothes in a way which obviates the many risks attached to cotton garments in our variable climate, and there is no doubt that dressmakers and corset manufacturers would soon find the better way if their clients would be at the pains to insist on a rational reform.

-The British Medical Journal.

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HOURS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	ROOM
A. M. 9-10	SURGERY Dr. Pfister	SURGERY Prof. Manley	SURGERY Dr. Pfister	SURGERY Prof. Manley	SURGERY Dr. Pfister	SURGERY Prof. Manley	1-2
10.30-12		INTERNAL Prof. Morrissey		INTERNAL Prof. Morrissey		INTERNAL Prof. Morrissey	17
10-12		GENIT. URIN Prof. Valentine	WOMAN Prof. Collyer	GENIT. URIN: Sat. Prof. Valentine		WOMAN Prof. Valentine Prof. Collyer	14-16
P. M.	CHILDREN Prof. Dessau	CHILDREN Prof. Fischer or Ass't	CHILDREN Prof. Dessau	CHILDREN Prof. Fischer or Ass't	CHILDREN Prof. Dessau	CHILDREN Prof. Fischer or Ass't	12
2-3	NERVOUS Dr. Lichtschein		NERVOUS Dr. Lichtschein		NERVOUS Dr. Lichtschein		eo .
3-4	GENIT. URIN Dr. Lowenstein		GENIT. URIN Dr. Lowenstein		GENIT. URIN Dr. Lowenstein		10
3-4	SKIN Prof. Gottheil	•	SKIN Frof. Gottheil		SKIN Prof. Gottheil		10
3-4	INTERNAL Dr. Cahen		INTERNAL Dr. Cahen		INTERNAL Dr. Cahen		17
3-4	EVE and EAR Dr. Meek	EVE and EAR Dr. Denig	EVE and EAR Dr. Meek	EVE and EAR Dr. Denig	EVE and EAR Dr. Meek	EVE and EAR Dr. Denig	18
3-4	WOMAN Prof. Goelet	WOMAN Prof. Collyer		WOMAN Prof. Goelet	WOWAN Prof. Collyer		14–16
2.30-3.30	SURGERV Dr. Levin	SURGERY Dr. Garrigues, Jr.	SURGERV Dr. Levin	SURGERY Dr. Garrigues, Jr.	SURGERY Dr. Levin	SURGERY Dr. Garrigues, Jr.	1-2
4-5	THROAT and NOSE Dr. Hatch	THROAT and NOSE Dr. Schwerd	THROAT and NOSE Dr. Hatch	THROAT and NOSE Dr. Schwerd	THROAT and NOSE Dr. Hatch	THROAT and NOSE Dr. Schwerd	ෙ
A	At the GERMAN		K, 78 and 80	POLIKLINIK, 78 and 80 Seventh St., bet. Second and First Aves.	et. Second an	d First Aves.	

		PEDISTRICS Prof. Fischer	EVE and EAR Dr. Denig	
TUESDAY WEDNESDAY		PEDISTRICS Prof. Fischer	EVE and EAR Dr. Denig	
HOURS MONDAY	LARVNGOLOGY Rhinology-Otology Prof. Busche	.30-3.30	2-3 EVE and EAR Dr. Denig	

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PROGRESS OF MEDICO-LEGAL SURGERY.

BY CLARK BELL, ESQ., LL. D.,

Honorary Member International Association of Railway Surgeons, Honorary Member New York State Association of Railway Surgeons, President International Congress of Medical Jurisprudence.

In considering medico-legal surgery I shall treat it under three seperate heads, "Military Surgery," Naval Surgery" and "Railway Sur-

Recent events, which have unfortunately resulted in a war between the United States of America and Spain, into which the American Government has just entered, and is devoting its highest energies, will give additional interest to a study of the first two of three subdivisions, military and naval surgery, which for the present purpose may be considered together.

MILITARY AND NAVAL SURGERY. Military Surgery.

In all countries the military surgeon forms a fixed and distinct arm

(Read before the Medico-Legal Society, June session, 1898. Read before the American Association of Physicians and Surgeons, Chicago, June session, 1898. Submitted to International Association Railway Surgeons, at Toronto, and read by title in absence of the author in Eu-rope, July, 1898.)

of the service of the army of the nation, and its relation to medico-legal science has been well defined in the past in the service of the American Government.

The army Medical Department, as organized in the American Government, constitutes one of the bureaus of the War Department, and is composed of one Surgeon General, with the rank of brigadier general; six surgeons, with the rank of colonel, and styled Assistant Surgeon General; ten surgeons with the rank of lieutenant colonel, styled Deputy Surgeon General; 50 surgeons with the rank of major and 110 assistant All assistant surgeons surgeons. enter the corps by competitive examination, and are commissioned as first lieutenants; after five years, and upon passing successfully the quired examination, they are promoted to the rank of captain. Promotion throughout the corps is by

(This article is from advance proofs of the Medico-Legal Journal.—Ed.)

seniority. There are no regimental surgeons, but medical officers for posts, armies and commands are detailed for whatever duty may be re-

quired.

The Medical Department of the army also comprises the hospital corps, made up of hospital stewards, acting hospital stewards and privates, the number of each determined by the necessities of the service. The hospital corps is divided among the several posts where troops are stationed, and in force proportionate

to the size of the post.

The army medical officer of whatever grade is a regularly commissioned staff officer, appointed by the President and confirmed by the Senate, holding his commission for life unless deprived of same by sentence of court-martial. The Medical Officer cannot assume command except in his own department, but by virtue of his commission he may command all enlisted men like other commissioned officers. Medical officers, by virtue of commission, are entitled to sit on courts-martial, boards of inquiry or other boards or commissions, taking their places by seniority.

Each military department is entitled to a medical officer on the department staff, known as the Chief Surgeon of the department, and in times of war, or of active field duty, a Chief Surgeon of an army, army corps, or division is detailed to duty with the general officer commanding

such forces.

A more specific and detailed account of the duties, etc., of medical officers of the army is contained in the "Army Regulations, U. S. A." "A Circular of Information for Candidates Seeking Appointment in the Medical Corps of the United States Army" can be obtained on application to the Surgeon General's Department of the Army. (Vide also "Medical and Surgical History of the War of the Rebellion," "Buck's Reference Handbook on the Medical Sciences," Vol III, pp. 105 et seq.; Ibid. Vol IX, Supplem 640 et seq.; "Piecher's First Aid to the Wounded;" "Index Catalogue," Library of the Surgeon General's office; "Taylor's Medical Jurisprudence," 12th American edition, Lea Brothers & Co., Phila.)

In the several American States the National Guard has attached to it the regimental surgeon as the basis of its system.

The Association of Military Surgeons of the United States.

In the United States of America the military surgeons of the country have united in an organization—The Association of Military Surgeons of the United States—which embraces all branches of surgeons connected with the regular army and navy, as well as the military surgeons connected with the National Guard of the several States of the American Union. This body meets annually to consider questions connected with military surgery, and its contributions to the literature of this branch have been most important, and form a valuable contribution to the literature of military and naval surgery.

The National Guard of the States.

The medical service in the National Guard of the several States of the American Union is organized under the State laws of the States upon a wholly different system. Each State has in its National Guard a Surgeon General, who is the highest officer in the medical service of the The basis of the practical service is a regimental surgeon to each regiment. Each regiment has its own surgeon, and in the great army now organizing to carry on the war with Spain the call has been made by the President upon the Governors of the several States, who have thus far each furnished their quota from the National Guards of the several States, under the regimental system and a surgeon goes with each regiment of the volunteer force of the American army. In Great Britain, France,

In Great Britain, France, Germany, Italy, Spain and the continental countries, the army regulations in each nation fix the status, powers, duties and responsibilities of

the army surgeon.

Naval Surgery.

The medical jurisprudence of naval surgery does not materially differ from that of army surgery, but

it is perhaps proper to speak of it

by itself.

The Medical Corps of the American Navy is allowed by statute law a membership of 170. The corps is divided into five grades, to wit: Medical director, medical inspector, surgean, passed assistant surgeon and assistant surgeon, which have the relative rank respectively of captain, commander, lieutenant commander, lieutenant junior

grade, and ensign.

Admission to the corps is based entirely upon merit as determined by examination before a board of medical officers, carefully selected for this purpose. A copy of circular showing scope of examination can be obtained on application to the Surgeon General of the United States Navy. When a candidate is successful before the board he is commissioned by the President, by and with the consent of the Senate, as an assistant surgeon, with the relative rank of ensign. After three years' trial in the service as an assistant surgeon he is examined by the Medical Examining Board for promotion to the grade of passed assistant surgeon. In the event of failure he is again examined at the expiration of another year, and should there be a second failure he is dropped from the naval service. On promotion to passed assistant surgeon a new commission is issued by the President. Promotion from the grade of passed assistant surgeon and the other higher grades is by seniority, after examination before a board of medical officers.

The rank of the members of the Medical Corps, while conferred in the same manner as in the case of the members of the line corps, is relative, and in two grades, as shown above; there may be two ranks in the same grade, depending upon promo-

tion in the line corps.

In Great Britain and in most foreign countries the naval surgeon occupies a similar position in relation to the service of his government in the department of the navy; and the officers of both arms of the service usually unite in practical recognition in army and navy clubs and in the united service of both branches of the service on land and water, which is also true of the Dominion of Canada and the colonial dependencies of the English crown.

Railway Surgery.

Railway surgery has become by far the most important branch of surgery in its relation to medical jurisprudence, when considered in its volume and as affecting the great body of the people, especially in the United States of America. The evolution of the railway system, especially upon the North American continent (which now has more miles of railway almost than all other countries combined) has in its train, and as a necessity, wrought radical changes, to both the legal and the medical professions, and has brought nearly every inhabitant in the United States of America and the Dominion of Canada into new and at the same time more immediate and communication and relation to and with the management of railways. The railway has revolutionized commerce, manufactures, mining, agricultural production and development, and indeed every branch of human industry. All manufactures, all products, are now brought to the market by the railway. It has superseded all other methods of travel or transportation where distance is a factor, and has become to the body politic—the State—what the arterial and venous circulation is to the human structure. In 1891 the Dominion of Canada had completed and in operation 14,000 miles of railways, while the United States had 214,000 miles, including double tracks and sidings. An enormous impetus and increase has since constantly occurred (Med.-Legal Jour., xi, p. 37). Mr. Justice David J. Brewer, of the Supreme Court of the United States, in his address before the New York State Bar Association, stated that in 1893 there was \$11,000,000,000 invested in railway property in the United States, whose shareholders in this country number less than 2,000,-000 persons. (Med.-Legal Jour., vol. x, p. 404).

From an inexorable necessity, where the railways transport such vast numbers of the population, in

all the varied pursuits and business of men, accidents have become a part and feature of the system, and the well-equipped railway of the present day must almost of necessity have its surgical system and its legal system. Chief Surgeon C. W. P. Brock in his presidential address before the National Association of Railway Surgeons, in June, 1893, stated that "During the year ending June 30, 1891, 7029 persons were killed on railways in the United States, 40,910 Of these 2660 employes were killed and 293 passengers, and of the total injured 26,140 were employes." (Med.-Legal Jour., vol. xi, D. 64.) There are a few railways who have perhaps not yet recognized this as indispensable, but only a few, and it may be stated as a truism that every first-class railway must have its legal advisers, attorneys and counsel, on the one hand, and its chief surgeon and surgical staff on the other. The railway that neglects to provide these two important adjuncts for its operation is not fully equipped for its work, and without proper surgical organization it would not only pay double what it should in accident and damage cases, but would not properly provide for the care of the wounded and sufferers from accidents, of its own employes in its practical operation. The railway counsel has long been a conceded and recognized factor in railway administration; the railway surgeon is quite as necessary, almost as important, and his field of duty is an outgrowth of the railway system, which is to a large extent a part of the growth and evolution of the railway itself. railway surgeon has, in the United States of America, become a distinct and representative part of the medical profession, and he has come to stay, as a fixed part of our railway system.

SECTION OF MEDICO-LEGAL SURGERY (OF THE MEDICO-LEGAL SOCIETY).

The growing importance of railway surgery in medical jurisprudence was distinctly recognized by the Medico-Legal Society on September 6, 1893, by the organization of a section of medico-legal surgery, em-

bracing railway counsel and railway, military and naval surgeons, under a chairman and 20 vice chairmen, selected, ten from each profession from the various States of the American Union. This action was based upon recommendation made in an address entitled "Railway Surgery in Law and Medicine," made before the National Association of Railway Surgeons, at Omaha, Neb., June 7, 1893. (Vide Med.-Legal Jour., Vol. I, p. 37. June, 1893. Ibid. Vol. XI, p. 203.) Chief Surgeon Granville P. Conn, M. D., of Concord, N. H., was its first chairman, and was succeeded by Chief Surgeon J. B. Murphy, M. D., of Chicago, Ill. The chief merit and usefulness of this organization lay in its uniting in its labors railway lawyers of eminence and distinction, and the leading chief surgeons of the prominent American railways, so that both sides of all questions could be studied, as well from the legal as from the surgical and medical side.

The record of the labors of this body can be best considered and appreciated by its annual reports. The first annual report of the year 1894 showed the history of the organization, and gave its officers and a list of members, embracing 28 of the leading chief surgeons of American railways, and a large number local surgeons, military and naval surgeons and eminent railway counsel. It defined its province and domain by the following resolution: "Resolved, That all questions in medico-legal surgery are to be deemed within the province of the section, including military, naval and railway surgery and the broad domain of surgery in its relation to medical jurisprudence." (Vide full report, Med.-Legal Jour., Vol. XII,

The following extracts are made from its second annual report, Jan-

uary 2, 1896:

"The section is intended to embrace, besides naval, military and railway surgeons and counsel, railway managers, railway superintendents and claim adjusters—railway officials, whether lawyers or surgeons; many of whom have already united with the body, and who are

eligible to membership under the statutes of the society. The officers of the section are annually chosen. Three members of the Executive Committee constitute a quorum, and five of the board of officers of the section.

The work of the section during the preceding year has been devoted to the advancement of the science of the medical jurisprudence of surgery in all of its branches. The papers contributed upon these branches of science have been in part published in the Medico-Legal Journal, which is the official organ of the section, except those contributed to the Medico-Legal Congress of September, 1895, which will appear in the bulletin of that congress."

Its annual reports January 1, 1897, and January 1, 1898, published in the Medico-Legal Journal, show the great field of its usefulness and utility. (Vide March Nos. Medico-Legal Journal, Vols. XIV and XV.)

This section now embraces about 120 members, of which 23 are chief surgeons of railway systems, two surgeon generals of States, and the remainder local surgeons, railway counsel and railway officials, of which a list is contained in March number Medico-Legal Journal, 1898, with a detailed statement of its section work.

THE NATIONAL ASSOCIATION OF RAILWAY SURGEONS.

This is, so far as numbers go, the most powerful of the societies of railway surgeons.

It was founded in June, 1888, and its first president was Surgeon J. W. Jackson, M. D., selected at Chicago, Ill. The idea of its founders was to open its doors to every railway surgeon in the United States and the Canadas, and it soon grew into a very large body. At the meeting held at Galveston, Tex., in 1894, the enrolled membership exceeded 1700 names, and there were nearly one thousand persons in attendance at the session. Some there thought that the body was too large and unwieldy, and that that period was perhaps the maximum of its growth. It has not increased since then.

The scope of the work of this so-

ciety is very broad, covering the entire field of railway surgery, and it aims to interest and associate every railway surgeon. It has held annual meetings in May of each year. It has made large contributions to the literature of railway surgery, and has published a journal which was for all the earlier years under the editorship of Professor R. Harvey Reed, then the treasurer of the organization.

Perhaps the most active and influential man in this body is and has been William B. Outten, M. D., Chief Surgeon of the Missouri Pacific Railway system, of St. Louis, Mo. He was president for one term, and on the retirement of R. Harvey Reed, M. D., became the editor of the journal, now called the Railway Surgeon, a position he still holds.

Its presidents have been as follows: Surgeon J. W. Jackson, Surgeon J. B. Murdock, M. D., of Pittsburg, Pa., was elected May, 1889, at St. Louis, Mo.; Chief Surgeon William B. Outten was elected May, 1890, at Kansas City; Dr. J. H. Murphy, of St. Paul, was elected May, 1891, at Buffalo; Chief Surgeon C. W. P. Brock, of Richmond, Va., was elected May, 1892, at Old Point Comfort; Chief Surgeon W. J. Galbraith, M. D., of the Union Pacific R. R. Co., was elected May, 1893, at Omaha, Neb.; Chief Surgeon Samuel S. Thorn, of Ohio, was elected May, 1894, at Galveston, Tex.; Chief Surgeon J. B. Murphy was elected May, 1895, at Chicago; Surgeon F. J. Lutz, M. D., was elected May, 1896, at St. Louis; Dr. George Ross, of Richmond, Va., was elected May, 1897, at Chicago.

The present officers are as follows: President, George Ross, Richmond, Va.; vice presidents, first, J. A. Hutchison, Montreal, Can.; second, A. L. Fulton, Kansas City, Mo.; third, De Saussure Ford, Augusta, Ga.; fourth, John J. Buchanan, Pittsburg, Pa.; fifth, H. L. Getz, Marshalltown, Ia.; sixth, R. R. Lawrence, Hartford, Mich.; seventh, W. Q. Marsh, Sierra Mojada, Coahuila, Mex.; treasurer, E. R. Lewis, Kansas City, Mo.; secretary, Louis J. Mitchell, 71 Laflin street, Chicago, Ill.; executive committee, W. B.

Outten, St. Louis, Mo.; J. B. Murphy, Chicago, Ill.; James H. Letcher, Hen-

derson, Ky.

At its last meeting, in May, 1897, this body changed its name to "The International Association of Railway Surgeons," and it selected Toronto, in the Dominion of Canada, as the next place of meeting, in July, 1898.

THE AMERICAN ACADEMY OF RAILWAY SURGEONS.

This is an organization founded in 1894, composed of railway surgeons of eminence in the United States, and is an outgrowth of the National Association of Railway Surgeons. Its origin was due to differences of opinion existing among the original founders and prominent members of the elder society, both as to the basis of organization of the National Association of Railway Surgeons and its methods of work. Surgeon General R. Harvey Reed, M. D., now of Rock Springs, Wyo., was an important factor in the organization of the American Academy of Railway Surgeons, and one of the leading spirits. Since its organization he has been its editor.

This body has a membership (limited by its constitution to 200) of about 130 at the present time.

Its first president, elected in November, 1894, was Chief Surgeon C. K. Cole, of Helena, Mont., of the Montana Central Railway. Chief Surgeon John E. Owens, of the Chicago & Northwestern Railway Company, of Chicago, was its second president. L. E. Leman, M. D., of Denver, Colo., was its third president, and Professor R. Harvey Reed, M. D., now Surgeon General of Montana, is its president. It holds annual meetings.

Its present Board of Officers is: President, Dr. R. Harvey Reed, Rock Springs, Wyo.; first vice president, Dr. W. J. Mayo, Rochester, Minn.; second vice president, Dr. A. D. Bevan, Chicago, Ill.; secretary, Dr. D. C. Bryant, Omaha, Neb.; treasurer, Dr. C. B. Kibler, Corry, Pa.; editor, F. J. Hodges, Anderson, Ind.; Ch. Executive Board, F. K. Ainsworth, Los Angeles, Cal.; Ch. Committee on Transportation, Dr. W. J. Galbraith, Omaha, Neb.; Ch. Committee on Ar-

rangements, Dr. Milton Jay, Chicago, Chicago, Ill.

Its next annual meeting will beheld October 5, 6 and 7, 1898, at Chicago.

STATE AND OTHER ASSOCIA-TIONS OF RAILWAY SURGEONS.

In many of the American States State associations of railway surgeons have been organized, and several large trunk lines have organized associations of railway surgeons. These bodies meet annually. choose officers and discuss papers and are composed mainly of the local railway surgeons of the locality under the dominion of the association. Their chief value and importance is in the educational improvement of the railway surgeons of the United States by conference with each other, interchange of thought and experience, and they have resulted in very valuable contributions to the literature of the science.

The papers contributed by the members of the various State and local societies of railway surgery in the United States during each year in the recent past would fill several large volumes, and the mere enumeration of their titles and authors would be too extended for such a

contribution as this.

If the National, State and other organizations thus contributing papers to the literature of medico-legal surgery would name an editorial revising commission with instructions to edit and publish all these papers for the benefit of both professions the volumes would be of very great interest and value.

The following are among the more prominent of these State organizations, as organized in the following States, namely: New York, Florida, Iowa, Indiana, Ohio, Texas and West

Virginia.

Among the more prominent organizations of the large trunk lines may be named that of the Surgeons of the Big Four Railway System, Chicago & Northwestern Railway System, Wabash Railway System, The Pennsylvania Railway System, The Plant System, Santa Fee System, The St. Joseph System, The Southern Railway System and the Northern Railway System Syste

western Railway Surgeons' Association.

PROGRESS OF MEDICO-THE LEGAL SURGERY.

The methods of surgical practice since the last war in our country (1861), so far especially as it concerns military and naval surgery, have been marvelously changed.

In no branch of science has there been such stupendous changes and

advances.

Surgery has become a more fixed and definite science in the past quarter of a century than in all the centuries before.

There has been a complete revolution in methods and in treatment by the military, naval and railway sur-

In 1861 a gunshot penetrating wound of the abdomen severing the intestines was regarded as almost certain to be fatal.

To-day the surgeon who lost such a case would be compelled to make an explanation or might be mulcted in damages in an action for malpractice if he did not do so satisfactorily.

The whole field of antiseptic sur-

gery has been changed.

ELECTRICITY.

Electricity has come to be the hand-maiden of the surgeon, and sheds light upon the darkest and most impenetrable problems that surround his path. The Roentgen ray has no use anywhere at all comparable to its magnificent contributions to medico-legal surgery.

The magic lantern, in the whole domain of electric therapeutical surgery to-day, illumines the hand and the path of the surgeon, and the splendor of its achievements in abdominal surgery alone are resplendent and read like the tales of the

lamp of Aladdin.

With a view of obtaining the views of the most eminent surgeons upon the evolution of modern medico-legal surgery I addressed the following letter to Surgeon General Nichols Senn and Surgeon J. N. Hall, two of the most eminent American authorities, the one on military surgery and the other on gunshot wounds, and its other eminent surgeons.

Medico-Legal Journal, Office of the Secretary.

New York, May 16, 1898. Dear Colleague:-I am announced to write shortly on the "Progress of Medico-Legal Surgery," and I wish to touch on the more important changes that have occurred in military surgery since the period of our Civil war, in 1861. More especially in gunshot wounds of the abdomen and the whole field of antiseptic sur-

Will you please name four or five of the most important advances in modern military surgery in this in-

tervening period?

The war on which we are now entering will make such an inquiry all the more interesting now, and your large experience will be of value.

I shall, of course, credit you with

anything you furnish me.

Believe me, dear sir, very faithful-CLARK BELL.

Surgeon General Senn replies as

follows:

Camp Tanner, Ill., May 20, 1898. Mr. Clark Bell, 39 Broadway, New

Dear Mr. Bell:—The most notable improvements in military surgery since the war of the Rebellion consist of protecting the wounded by strict antiseptic precautions. wounds made by the small calibre bullet will present features will require extensive observations to determine whether they are more mortal than those inflicted by the large bullet. One of the important features in the war which faces us will be the prompt treatment by operative measures of abdominal wounds, which I am sure will be the means of saving many a valuable life. My future headquarters will be the Sixth Army Corps, Camp Thomas, Chickamauga, Ga.

Very truly yours,

N. SENN, Lieutenant Colonel, U. S. V. Surgeon J. N. Hall replied as follows:

Denver, Colo., May 20, 1898. Hon. Clark Bell, 39 Broadway, New York City.

Dear Sir:—The most important improvements in military surgery have been, I think, as follows:

The introduction of asepsis and antisepsis and consequent disappearance of the scourge of hospital gangrene, and, owing to healing by first intention, shortening of the time in hospital, and consequent increased efficiency of the surgical department.

Secondly, the wider application of resection of joints and saving of useful limbs in place of amputation. An improvement in this connection is the use of plaster of paris and sim-

ilar dressings.

Thirdly, the introduction of stitching or uniting by means of the Murphy button, or otherwise, of wounds

of the intestines.

Fourthly, improved means for checking hemorrhage in parenchymatous organs; as, for example, the liver, kidneys and spleen, and in allowing a freer access to them because of the improved methods of operation and consequent improvement as to the mortality rolls after such wounds.

> Yours very truly, J. N. HALL, M. D.

Dr. J. Mount Blever is one of the most experienced of the junior American surgeons in electro-therapeutical surgery, and his experiments with the Roentgen ray are the best I have seen produced.

I addressed him a similar inquiry as to the advance in modern surgery by the use and application of electricity since the war of the Rebellion

of 1861.

His reply is as follows: 460 Lexington ave., New York, May 23, 1898.

Clark Bell, Esq.

My Dear Sir:-You ask me to give to you the progress of the surgery of electro-therapeutics since the period of the war of the Rebellion.

I should state them briefly as fol-

lows:

- 1. The electro cautery, which renders many operations bloodless.
- 2. The destruction of tumors by electrolysis, which is a complete atrophy of the tumor, cutting off the blood supply completely and successfully.
- 3. Electric illuminations by which the bladder, stomach, throat, ear, nose, and, in fact, all the cavities of

the body can be successfully examined and explored.

4. The X-ray, which still in its infancy is one of the most marvelous aids to surgery.

5. Electro diagnosis.

6. The treatment of certain forms of disease by various electrical contrivances as electro-chemically disintegrating diseased tissues.

7. Electro-motor powers with

most marvelous results.

8. The useful effects of high tension currents.

9. The accurate doseage of electricity by means of delicate appara-Yours very truly, tus.

J. MOUNT BLEYER. Chief Surgeon Granville P. Conn. of Concord, N. H., was the chairman of the section on medicolegal surgery of the Medico-Legal Society, and an authority of eminence and distinction. His reply to a similar letter as to the evolution of railway surgery during the same

period was as follows:
Concord, N. H., May 30, 1898. Hon. Clark Bell, Editor Medico-Legal Journal, 39 Broadway, New York,

Dear Sir:—Yours of May 26 is at hand, asking for the most notable advances in the department of surgery, especially in railway surgery.

In the first place, the department of railway surgery has been actually entirely evolved as department of general surgery since the war of the Rebellion. Second, the introduction of antiseptics in surgery, and the possibility of performing aseptic operations, has entirely come to the front since the close of the war of the Rebellion. Since the introduction of antiseptics, and the possibility of aseptic surgery, operators have been enabled to perform, with perfect impunity, an operation that was not considered feasible prior to 1861.

The opening of cavities, the resection of bones and internal anatomosis become matters of almost everyday experience, and these were looked upon with especial disfavor in anti-bellum times. It is but natural to ask how much has been accomplished in so short a period. The answer is plain, but significant, in the fact that it has all been brought about and made plain by hygiene, which takes cognizance of everything connected with medicine and surgery. It has pointed out that cleanliness and the destruction of disease germs prior to operations will insure

almost perfect results when proper hygienic measures have been introduced, and their principles thoroughly carried out.

> Very truly yours, G. P. CONN.

ARGYROSIS OF THE CONJUNCTIVA THE RESULT OF PROTARGOL.

BY R. DENIG, M. D.,

New York.

At a meeting of the German Polyclinic, May 20, 1898, I spoke in reference to my experience with protargol.

The authority of Neisser, who recommended it for the treatment of gonorrhea, and the publication of Darier, Paris, who first made use of it in affections of the eye, induced me to ascertain its effects in about fifty cases, which came under my observation during my service in the dispensary and in private practice.

Cases of different character presented themselves, e. g., acute and simple catarrhal conjunctivitis, decryocystitis, blenorrhea neonatorum, etc.

I stated at that meeting that the protargol would hardly take the place of nitrate of silver, although in some cases it seemed to produce good effects. I also stated that the instillation of protargol in a 5 per cent. solution was not painless; it did not give the acute pain which nitrate of silver produces, but in nearly all cases the patients complained of great discomfort. Anxious to ascertain its effects I instilled a few drops into my own eye and experienced the same discomfort, not only for a short time, but for several hours.

Since that meeting 1 had the opportunity to observe the formation of argyrosis, produced by a prolonged instillation of a 5 per cent. solution of protargol.

The 3d of April Mr. M. consulted me in the dispensary on account of a subacute conjunctivitis. scribed a 5 per cent. solution of protargol, to be applied one drop in the morning and one in the evening. told the patient to call again three or four days later. He, however, did not call until four months afterward. I found the fornices of the conjunctiva showing the typical argyrosis, such as is occasionally seen in the chronic tractoma cases of Russians and Hungarians, who get their prescription of nitrate of silver from their physician and mistreat themselves.

The patient told me that he did better with the first few applications, and that later on he was continuing to use them.

Darier (Ophthalmol Klinik, No. 5, p. 93) recommended the protargol on account of its ability to penetrate into the depth of the tissue. ability seems to be indeed a marked one, considering the shortness of the time it took in our case to develop an argyrosis. As the protargol contains 8.3 per cent silver and does not produce any coagulation of the tissues, furthermore as the Null of the organic substances makes no deposit, the protargol impregnates and penetrates the epithelial cells, working its way into the depth of the tissues. In this way the danger of argyrosis from the use of protargol is greater than is the case from the use of silver nitrate.

OVER THE C. & O. TO THE HOT SPRINGS VALLEY.

BY JOSEPH R. CLAUSEN, A. M., M. D.

For beauty of scenery its entire length few if any railroad routes in this country can equal that of the Chesapeake & Ohio Railroad. From mountain to sea it is a continuous panorama of beautiful vistas, in which mountain, stream, meadow and woodland combine to form the most charming of natural effects. This is notably the case after leaving Washington on the way South. Within a few hours the traveler finds himself surrounded by the verdure-clad mountains of Virginia, and at every bend of the road some new and grandly beautiful scene is spread out before his enraptured gaze.

Why will people travel so far from home to view scenes that can scarcely equal these so near at hand? is the question one invariably asks himself as hour after hour adds new delights in the way of scenic beauty. We question much if anywhere you will find more beautiful views than some that make the run along the picturesque Greenbrier so delightful. Take for instance the view east of Alderson, that at Wolf Creek, that at Riffe's Crossing, that east of Whitcomb and many others scarcely second in beauty. Then the series of vistas on the beautiful New River, among which we may mention that at Meadow Creek, that at Nuttall, the canon at Blue Hole Tunnel, the great Horseshoe at River Canon and those equally charming views at Caperton and Elmo. No less entrancing are the views along the James River, notably that at Gala Water, at Eagle Mountain Station and at the Wasp Rock Tunnel. These, to say nothing of the panorama west and east from Hawk's Nest, the view down the valley at Jerry's Run and the ever beautiful Kanawha Falls, combine to make the Chesapeake & Ohio one never to be forgotten.

But to the physician it is the Hot Springs Valley of Virginia, on the line of this road, that makes the very mention of its name a suggestion of life and health.

This valley, which is cradled among mountains whose pine-crested summits are hidden in the clouds, is itself 2200 feet above sea level. An ideal land, where the extremes of winter and summer are alike unfelt, where the climate is always dry, the temperature always uniform, the air always pure and the scenery always inspiring, conditions that in themselves insure relief for the sufferer and bid the broken down in health to hope anew. But they are not all. fact, they are but secondary to the great, the God-given feature of this beautiful valley—its healing waters. Fresh from nature's caldron they flow out, bearing health and happiness to the nations, for their fame has traveled to other lands than our own, and from every quarter of the globe to this greatest of nature's sanitariums. In this valley is situated the celebrated Virginia Springs, well called the Homburg of America; two and a half miles further up the valley the great Healing Springs, the Carlsbad of America, where the waters, fresh from the mountain recesses, are bottled for consumption the world over.

At both places art has vied with nature to make of them a veritable paradise. Beautiful hotels that boast of every modern convenience are supplemented by cottages equally beautiful, magnificent grounds, provided with golf links, tennis courts and every other means for the enjoyment of out-of-door sports stretch away in broad expanse on every side. A perfect livery system and well-built roads bring all outlying points of interest within easy reach, while indoors every provision is made for the and entertainment comfort guests.

At the former place the Homestead, one of the most magnificent hotels on this continent, has recently

been enlarged by the addition of over 200 rooms, and under the efficient management of Mr. Frederick Sterry is an ideal stopping place.

The hotel at Healing Springs, while less palatial, is both commodious and beautiful, its broad verandas, roomy sleeping apartments and charmingly Southern living rooms giving it an attraction all its own. Under the able management of Mr. A. M. Stimson, assisted by that most estimable of ladies, his mother, it is a place that one is very loath to quit.

Here, as at Hot Springs, is a magnificent bath house, provided with every appliance for enjoying to the full the benefits of the waters.

Little need be said of the service provided by the railroad itself. The one word "perfect" describes it. A well-ballasted roadbed, the most improved rolling stock, and an evident consideration for the comfort and convenience of its patrons that shows itself in a thousand different ways, make its solid, vestibuled, electric-lighted trains little short of homes on wheels.

Does the condition of your health demand such environments as we have described? Does that of any of your patients? Are you or they looking for a delightful spot at which to take a needed rest? If so let your destination, their destination, be the Hot Springs Valley of Virginia.





NEW YORK ACADEMY OF MEDICINE.

SECTION IN ORTHOPEDIC SURGERY.

Meeting of March 18, 1898.

CONGENITAL DISLOCATION OF THE HIP.

Dr. R. Whitman presented a little girl 2½ years of age, on whom he had operated for congenital dislocation of the left hip when she was 18 months old. The method followed had been the bloodless operation of Lorenz and the plaster of paris bandage had been finally removed last November. In the absence of any trace of deformity or disability it was impossible to detect any difference between the two sides, and the cure was evidently perfect. He thought it was the first cure attained by this method in New York.

Dr. T. H. Myers reported that he had seen last week the girl on whom he had operated at the age of 31-2 years in January, 1895, by the method of Paci. The joint was firm with no telescoping. There was no limp, and the child runs, jumps and hops with perfect freedom. He thought it was the first successful application in this city of Paci's method.

Dr. A. M. Phelps said that in the patient exhibited there was a perfect reduction, but it was probably a case of dislocation at birth in a child in whom the acetabulum was normal. He did not believe that the bloodless, forcible reduction was a good method. After a child had passed the second year the head was developed, the acetabulum was undeveloped and the capsular ligament was drawn out and constricted like an hour glass, making a reduction mechanically impossible. There was no reduction, simply the conversion of a posterior into an anterior dis-The only way was location.

make an acetabulum and put the head of the bone into it.

Dr. G. R. Elliott said that the acetabulum in these cases was fairly developed in children up to years of age. The head was felt as it was forced over the border of the socket, it was felt to be retained and it could be easily 'dislocated again. If it was retained by fixing the limb at a proper degree of abduction it could not get out of its position, being held by the ligaments and muscular structures, and the probability of its leading to a more perfect acetabular development was greater than after an operation in which the ligaments and muscles had been cut.

Dr. Whitman said that the head of the bone was capable of making an acetabulum, and that a rudiamentary acetabulum existed in nearly all cases, as was proved by the observation that when the head of the femur was pushed in place it stayed there. When the dislocation was anterior, which was not usually the case, the bone should be twisted around.

COXA VARA.

Dr. Whitman also presented a boy 11 years of age, who had the waddling gait and lordosis of congenital dislocation of the hip. It was, however, a case of double coxa vara with prominent and elevated trochanters. There was free flexion and extension, but limited abduction. There was no pain or discomfort. Both femoral necks were depressed beyond a right angle with the shaft, but not bent backward, consequently there was no eversion of the limb; otherwise the signs were typical. The trouble began when the boy was

4 years old, and had its origin in rickets. He has been treated for hip disease at intervals for six years. Dr. Whitman had seen several cases in children, one of whom was but 2 1-2 years of age. The affection is therefore not limited to adolescence.

DEFORMITY OF THE TIBIA-OSTE-OTOMY.

Dr. B. F. Curtis presented a patient on whom he had operated for anterior bowing of the tibia. patient, a girl 12 years of age, had been presented and the case discussed at the meeting of November 19, 1897 (See the "Medical Times and Register" January 15, 1898, pp. 8, 9. —Ed.) At that time the tibia was three inches longer than that of the sound leg, and the circumference of the leg was one and one-half inches more than that of the other. The general health had been poor, probably the result of pain. A skiagram showed thickening, with some irregularities, in the enlargement and almost complete disappearance the epiphyseal line due to pressure. The diagnosis had been undetermined. Sarcoma, syphilitic osteitis, necrosis with a sequestrum and abscess of the medullary cavity had been suggested and considered. After rest in bed for a month and the administration of iodide of potassium, the tenderness had appeared and the general health was much improved, and it became more evident that the local affection was of syphilitic origin. On January 6 the fibula was fractured and the tibia straightened and shortened by the removal of a wedge measuring over an inch posteriorly and inches on its anterior surface. bone was found to be roughened on surface and the central had disappeared. bone was hard, but not so hard as cortical bone in the adult. It was of the same consistency all the way through, and was pronounced by a pathologist to be normal in structure. The subcutaneous, soft parts were so voluminous that the skin was with difficulty made to cover the wound. Later two long incisions were made on either side of the wound and the skin was dissected up and drawn over the bone. Thiersch

grafting was done on February 22. The result was a fairly good leg. The bone was of normal length and there was no tenderness. Ability to walk well had not been acquired, as the patient had been out of bed only a week.

Dr. T. H. Manley said that the gross appearances were those of a malignancy limited to the hard tissues, but with an obvious tendency to infiltrate into and involve the soft parts. The osteoplastic procedure had gained all that could be desired in reducing the length of the limb, but he believed that further trouble was sure to follow, and would be interested in the progress of the case.

Dr. Phelps believed that the condition was due to congenital syphilis.

MULTIPLE OSSEOUS TUBERCU-LOSIS.

Dr. V. P. Gibney presented a boy whose previous history was rather obscure. Early in 1897 the left limb had been amputated for "consumption" of the knee. He had been under treatment since May. There was a focus in the shaft of the left humerus which had been operated on several times, and also one on the right elbow. In the later had been found streptococci, staphylococci and micro-organisms resembling diphtheria bacilli, but no tubercle bacilli. Recently there had been beginning anchylosis of the jaw. A previous diagnosis of multiple sarcoma had been made, but it was more than probable that the foci encroaching on the joints were tuberculous.

RADIOGRAPH SHOWING AN OSTEITIC AREA.

Dr. Myers exhibited a radiograph which showed an area of diminished density within the head of the radius and increased density about it. A sclerosing osteitis probably surrounded the site of a caseous focus which had been curetted. After many trials this was the first success he had made in locating a diseased area by the X-ray.

POTT'S DISEASE TREATED BY FORCIBLE REDUCTION OF THE DEFORMITY.

Dr. Gibney showed a boy 12 years of age who had Pott's disease as long as he could remember. There had

been no previous treatment. The kyphos had been very marked. On March 1, 1898, a moderate degree of force under an anesthetic had duced the kyphos a great deal, the parts yielding easily, and a plaster of paris corset was applied in the prone position, from the pelvis to the axillae. He was kept in bed for three days, much against his wishes, and since then has been playing about the wards. There was absolutely no reaction. Another boy, 6 years of age, was presented, wearing a plaster of paris corset after forcible reduction of a well-marked kyphosis. Previous treatment had been by apparatus, jackets, etc. The disease, in the dorsal region, had been long since arrested. The projection had been considerably diminished by an amount of force not greater than in the first case. During the operation his respiration became rather labored, and the anesthesia was discontinued. The only reaction was a slight slowing of the pulse after the operation and on one day since. These patients were presented to show that deformities can be materially reduced by this method without reaction or any immediate bad results. In after treatment it was not necessary to fix the head and shoulders. If the plaster is brought well up there would be no recurrence. The English surgeons were advocates of the steel apparatus. They criticise the French, who put their patients up in cotton, covered with plaster of Paris. were plaster jackets and plaster jackets. If too much cotton were used a good fit would be impossible, the parts would recede and the jacket would become loose. If the plaster was properly applied it would give no trouble. The fear that forcible correction would induce tubercular action in the meninges or elsewhere was not well founded. In an experience of years in the forcible correction of deformities of the hip it had been the rarest thing in the world to get any dissemination of the bacilli.

Dr. Phelps presented a girl 7 years of age, wearing a plaster of paris jacket after forcible reduction under ether of an extremely large kyphos. The disease had been of four and one-half years' duration,and was between the sixth and ninth dorsal vertebrae. A jacket had been worn for four years. The operation seemed very cruel, and had been undertaken with fear and trembling, only partially dissipated by the favorable reports of French operators. The kyphos had been nearly all reduced after so much snapping and cracking that it was thought child's back was broken. There was no reaction and the patient was up and about in less than four days. The procedure was applicable to the early stages of the disease. In the presence of a large kyphos or anchylosis or abscess it was a dangerous method.

Dr. W. R. Townsend related a case in which an inconsiderate resort to this operation would have been disastrous. A girl 31-2 years of age was under treatment upon an open frame for disease in the upper dorsal region. There was a cough and impeded respiration and other symptoms of bronchitis, followed rather suddenly by asphyxia and death. Autopsy showed a retro-pharyngeal abscess in the median line, directly over the vertebral column, and extending to the right. There was no pressure on the trachea, which was normal in size and not flattened. Numerous enlarged glands had pressed on the recurrent larvngeal nerve and caused paralysis of the vocal cords. The second dorsal vertebra was so much diseased that the finger was pushed right through to the spinous process. Forcible reduction would have ruptured the abscess or done some damage to the bone. The dangers of the operation were readily realized. The procedure might give good results in suitable cases, but it should be well tried before being widely recommended.

Or. Myers had not as yet heard of any cure as the result of this procedure. The cases should be very carefully selected and care taken to ascertain that no abscess was present. The operation was dangerous and results should be waited for before the method should be commended at all. The protection given to

the spine after the operation should be most perfect.

Dr. H. L. Taylor could not think. well of this method without the light of further experience. The tendency had been to make the procedure much less radical than it had been at first, when reduction of the deformity sometimes called into action all the strength of the operator, with perhaps resection of the projecting spinous processes, and in suitable cases excision of wedges of bone. In some instances the spinous processes were wired together after reduction, and it was considered important to encase the head and the pelvis in the plaster of paris jacket. With the obvious tendency toward simplification of the treatment it remained to be seen how much of the original operation would remain after the method had been well tried. It was safe, thus far, in the hands of experts, but it would be dangerous to encourage the general practice of the method.

Dr. R. H. Sayre said that if the diagnosis were made before the kyphos appeared there would be no necessity for this operation. thought that if it could be determined in advance which cases could be straightened without damage this operation could be readily accepted. In some cases there were no vertebral bodies left, and the column was held together by the spinous and transverse processes. In other cases the bone was so diseased that forcibly straightening the spine would produce gaps between the vertebrae leading to the production of scesses. It was extremely doubtful whether this method should be employed. In any event, the cases should be most carefully selected and there should be no elevation of temperature and no morbid action

Dr. Manley thought that the forcible correction of this deformity in appropriate cases was justifiable, to be followed by some form of thoracic support after correction.

Dr. Elliott said that two cases of forcible correction followed by death had been recently reported in the British Medical Journal.

Dr. A. B. Judson had seen no rea-

son for not being satisfied with treatment by the use of the steel brace. Patients with Pott's disease suffered so much inevitable daily traumatism in standing and walking that the injury accompanying the method under discussion would not seem to be necessarily fatal or even dangerous. The question was whether it was wise to add to the unavoidable and habitual traumatism. If we could restore the curves and strength and mobility of the spine almost any treatment would be accepted. But it could not be hoped to carry recovery to that desirable point. Moreover, it was very doubtful whether consolidation would come to our aid at the opportune moment to secure the improvement in shape made by the forcible reduc-

Dr. Phelps had looked up the literature of the subject. On the one hand it had been stated and demonstrated by radiographs that bone had been reproduced in cases which there was wide separation after reduction, and one operator had reported 204 cases, with no deaths and no accidents. On the other hand, other operators had reported many relapses, sometimes with paralysis; a number of deaths had been reported, the kyphos had been reducted in a cadaver with rupture of an abscess and in another subject with fracture of a vertebra. investigators are enthusiastic in favor and others condemn it in round terms. Although there was probably a field for operation it was necessary to proceed slowly.

Dr. Gibney said Dr. Townsend's patient was an exceptional one. Most patients seen offer no contra-indication to the operation. He had not found that patients with a deformity of the spine were cheerful at prospect of going through life with it. They were morose and felt that nature had treated them harshly, and it was necessary to do something for them. If he had a child with such a deformity he would welcome almost anything which promised relief. He understood the dangers of the operation, and was opposed to its wholesale performance. fully appreciating the importance of

what had been said he thought that clinical facts were all o entitled to weight. He believed that deformities could be materially reduced by the method, but that it should be done gradually at several sittings, rather than all at once.

LATERAL CURVATURE TREATED BY FORCIBLE REDUCTION.

Dr. Gibney also presented a patient, a girl 14 years of age, affected with lateral curvature of the spine, whose parents had urged something be done that being correct the deformity, willing even to have a section done. Under an anesthetic a twisting motion was employed for some five or ten minutes, and the patient was then put into plaster of paris. was treated three times. There had been no reaction. She had gained one and three-quarters inches in height, and the back was in a much better position than it had been before.

AN UNUSUAL CASE OF POTT'S DISEASE.

Dr. Townsend presented a patient in whom the deformity had not been attended by symptoms. The patient was a girl 11 years of age. weeks ago the mother, when giving the child a bath, had for the first time noticed a projection, which on examination was found to be at the tenth and eleventh dorsal vertebrae and so sharp that the case did not seem to be a favorable one for forcible reduction. The child was in good health, and had had no pain or any other symptom, and no history of illness. She was extremely active and could stand any amount of jarring. Excepting near the kyphos the spine was very flexible. There was also at the site of the projection a slight deviation to the right, but no sign of rotation.

Dr. Gibney recalled the case of a patient who, without pain and with no history of symptoms, presented a similar deformity of apparently rachitic origin. He had intended to apply forcible reduction.

CERVICAL ABSCESS COMPLICATING POTT'S DISEASE.

Dr. Myers presented a boy 7 years of age with Pott's disease of the third and fourth dorsal vertebrae,

complicated with an abscess discharging in the neck behind the right sterno-cleido-mastoid muscle. treatment had illustrated the effect of the supine position in securing good drainage. The spine had been protected by a brace, but the discharge was profuse, and the temperature varied between 100 degrees and 103 degrees. When he was placed supine in bed without a pillow in two weeks the temperature dropped two degrees. He was then allowed to leave his bed and the temperature soon rose to the former level. He was then returned to bed and the temperature subsided as before. The discharge gradually decreased, and when it had nearly ceased he was allowed to be up. His general health was entirely restored and there had been no discharge for several months.

Dr. Townsend presented a girl 3 years of age, with Pott's disease of the upper cervical vertebrae. There was an abscess the size of a hen's egg extending around the outer side of the sterno-cleido-mastoid, about half being deep-seated, the remainder superficial. Two-thirds of the abscess was posterior to the muscle and over the swelling were a number of enlarged veins. The patient had been put on a frame and the abscess would be opened without undue delay by an incision back of the muscle.

Dr. Phelps urged the importance in similar cases of early operation to prevent rupture into the pharynx and the occurrence of tuberculosis from the flowing of the infective material into the larynx during sleep.

MALIGNANT DISEASE OF THE SPINE.

Dr. Taylor presented a man 47 years of age, in poor general condition and giving a history of very severe pain in the lower part of the back for eight months. In that time he had lost much flesh and had been disabled by limitation of motion in the lumbar region of the spine and difficulty in locomotion and other movements of the body. The upper part of the back was rounded and the spine of the first lumbar vertebra was prominent and deviated to

the left. There was a well-defined area of sweating in the right loin, probably from invasion of a sympathetic ganglion and vaso-motor paresis. This symptom was not present in tubercular disease of the spine, but he had observed it before in cases of malignant spinal disease. Partial relief would probably follow the application of a jacket, and morphine would be given to control the pain.

Dr. Sayre suggested the use of the actual cautery to temporarily relieve the pain.

APPARATUS FOR FORCIBLE EX-TENSION.

Dr. Elliott exhibited an instrument which he had devised for forcible extension, especially for the reduction of the congenitally dislocated hip. It was light and inexpensive, and consisted of a small rectangular frame about six inches wide and 15 inches long. In the centre of the long axis was an extension screw. To a crossbar on this extension screw was attached preferably the ends of a skein of yarn, which had previously been adjusted to the ankle of the patient. The frame could be affixed to any table or bed and the force employed, the patient being firmly held by an assistant; could be regulated at will and, if desired, measured pounds. The instrument, besides being used for reduction of dislocation of the hip, as described, could also be conveniently used in the forcible reduction of the spinal column in cases of angular curvature, the proper adjustments being easily made.

MEETING OF APRIL 22, 1898.

THE TREATMENT OF RACHITIC DEFORMITIES.

Dr. R. H. Sayre read a paper with this title, of which the following is an abstract:

Patients affected with well-marked rachitic deformities would not "outgrow" them. Treatment should be active and should vary with the pathological stages of the affection. In acute rickets cod liver oil would be of great benefit, and phosphorus in the Elixir of the National Formulary would yield good results, given three times a day in doses as large as the fiftieth of a grain. When the bones were soft they should be subjected to manipulation, and the child should be kept in the recumbent position, which is best done, if there are spinal deviations which require special attention, by the use of the wire cuirass. The two great aids of fresh air and sunshine would thus be invoked and would be not less effective than treatment by the use of drugs. Instruments should be applied in order to retain the improved position secured by manipulation. In decided knock-knee or bow-legs, if the bones are not too hard, the deformity might be corrected by the plaster of paris bandage changed in shape and in the degree of its pressure from time to time by cutting out a section of the plaster at the point of greatest deviation. inserting a wedge in the cut and applying additional plaster to retain what is gained. In similar cases of coxa vara depending on a rachitic process in adolescence the deformity could be overcome by traction in the recumbent position. eburnation was established efforts to correct deformity by manipulation or by instruments would be a waste of time, and the osteoclast or the chisel should be used, the latter when the division was to be made near a joint and the former when the force was to be applied at a point an inch or more removed from a joint. In some extremely rachitic subjects non-union followed an operntion from delayed formation of new bone cells due to eburnation and impaired nutrition. A not uncommon manifestation of rickets was seen in pigeon toes, the result of an instinctive turning in of the toes to avoid receiving the weight of the body directly on the weakened tissues of the foot. Injudicious efforts to induce the toes to turn out might lead to flat-foot and increase the usually present tendency to knock-knee.

Dr. S. Ketch had used phosphorus in the treatment of rickets for 20 years with excellent results. He preferred a compound syrup of the hypophosphites containing lime, iron, potash and soda without strych-

nine. Manual force was of benefit in nearly all cases, especially when the patients were off their feet. When they began to walk gratifying results would follow the employment of the usual bow-leg and knock-knee apparatus. Unless there were exceptional reasons for protecting the spine he would not use any restraining apparatus like the cuirass for recumbent patients. Time should not be wasted in waiting for the patient to "grow out" of the deformity.

Dr. A. M. Phelps said that at the beginning of the treatment the patient should be taken off his feet, and if the bones were not hard we should bend the bones, producing perhaps a green-stick fracture, and thus straighten them by manual force. Bones that had become sclerotic required osteoclasis or osteotomy. The latter should never be done in children under 12 years of age unless demanded by some unusual condition, and in all cases osteoclasis should, as a rule, be preferred to Non-union was found osteotomy. only after osteotomy, and it was attended with some danger! deaths have been reported, whereas these accidents never occurred osteoclasis.

Dr. Ketch opposed operative procedure in the early stage. The experience of the past and of the present day showed that manual force and mechanical treatment were sufficient to effect a cure. A speedy rectification of the deformity by an operation was misleading, because the time required by the mechanical treatment after the operation was as long as it would have been if no operation had been done. In no way, except mechanically, could the child be protected against a return of the deformity.

Dr. A. B. Judson said that orthopedic practice operain tions should as a rule be avoid-The patients were children, and the question of time was unimportant. If pressure were applied in the direction opposite to the deformity and due time and attention were given, the natural growth was a curative agent. If treatment were begun early and the patients were taken off their feet, the deformities of rickets especially were curable by mechanical methods alon

Dr. R. Whitman said that slight deformities of children should receive more attention than was customary. He had observed that pigeon-toes were as a rule symptomatic of rachitic knock-knee or flatfoot, and represented an effort of nature to restrain deformity. Many cases of coxa vara had their origin in infantile rickets. The deformity of the femoral neck was latent in childhood. During adolescence the neck, being from its depression subjected to greater strain, gave way and deformity and disability followed. In the same way adolescent knock-knee was in many instances. an exaggeration of a slight deformity in infancy. In extreme cases of coxa vara he thought that restoration of abduction by division of the neck of the femur was generally required, and that in any kind of a case simple extension would not often be effective.

Dr. C. N. Dowd said that after osteotomy above the femoral condyles he had found that the corrected position could be perfectly maintained by carrying the plaster of paris to the upper part of the thigh. instead of inclosing the thorax. A towel was put between the kneesand the feet were tied together. Cleanliness was thus promoted and the children sat up in bed, ate in comfort from a tray and could play with toys without interfering with treatment during the period when

the bone was uniting.

Dr. Whitman preferred the double spica of plaster of Paris, which insured absolute fixation and in the routine of hospital treatment had not entailed undue inconvenience or

unpleasant consequences.

Dr. Savre said that an early diagnosis followed at once by active treatment when the tissues were soft and ready to yield to moderate pressure would prevent a great deal of trouble at a later stage, when eburnation would require that the deformity be reduced by forcible procedures. He thought that a child could not be kept in bed very well without some little apparatus. If the cuirass. was objectionable put on a pinafore

and fasten it here and there to the bed, and thus bring the child to anchor. In serious cases the cuirass or Bradford's frame were a great convenience. Children in them are like little wooden images, and they live in them for two or three years, are happy and comfortable and have their toilet made without any great bother to the nurses. Apparatus was very useful to hold the bones in position after they had been brought to a straight position, but to bring them to a straight position apparatus was not nearly so efficient as putting them up in plaster of paris. It was simply a question of leverage, and he had found that leverage was more accurately applied by the use of plaster of paris than by any other means.

A SPECIMEN OF CONGENITALLY DISLOCATED HIP.

Dr. G. R. Elliott exhibited a speci-

men which was removed from a child 7 years of age. It showed congenital dislocation of the right hip. During life there was one inch of shortening of the right lower extremity with eversion. Post mortem findings: Gluteal group of muscles somewhat shortened. Pyriformis muscle one-half inch shorter than its fellow, and reduced to a tendinous band. Adductor group of muscles somewhat atrophied. The neck of the femur of the affected side was very short, the upper part of the bone consisting chiefly of head and great trochanter. Displacement upward and forward. Capsule thickened, shortened and intact. of bone fairly normal and synovial surface in good condition. Ligamentum teres lengthened, but size apparently normal. Acetabulum to be examined and reported upon later.





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THE VALUE OF THE WAR TO THE UNITED STATES.

If there has been anything demonstrated during the progress of the Spanish-American war which has warranted our Congress for plunging us into a belligerent attitude it is the effect which the unsanitary condition of Cuba has had upon our troops at the front.

The vast amount of yellow, typhoid and malarial cases among the soldiers of the army and the practical lack of such cases among the boys of the navy points out the value of good sanitation, especially in hot climates. These diseases for the greater part are filth disorders, and as such are removable with their causes, and Cuba seems to have been the hotbed for their incubation.

It should be the duty of our Government, as fast as practicable, to thoroughly drain and cleanse our new acquisitions of territory, from which comes so much pestilence and disease into the ports of our Southern coasts. It ought not to be a hard task for our engineering corps to provide ample means for accomplishing this end. True, it will take years and an immense amount of money to put Cuba into a sanitary condition, but this should be no barrier when the lives of generations of our children's children are to be affected thereby.

If we are to ever turn over an independent government to the inhabitants of this benighted island and give them the sole right to make a free republic out of it, let us first scour it out, scrub and polish it, and then feel that, having set the example of cleanliness, being next to Godliness, we shall expect no more dis-

from its shores.

LESSONS OF THE LATE CAMPAIGN.

Not long since we declared that our army had performed wonders in the late Hispano-American campaign, for we can hardly designate it a war with all which that term in modern times implies, because no general engagement was fought in which artillery and cavalry were employed, and there were no bayonet charges at close quarters.

We noted, also, that our Government had abundantly provided the army with medical skill and commissary supplies, and further, in spite of the wholesale, vile denunciation of the Government by the medical and lay press of the country we rigidly adhere, in its whole entirety, to that

statement.

The nation clamored for war "to avenge the Maine;" but the President, an old soldier himself, used all his powers to avert it and prevent bloodshed. The Surgeon General of the army, a most conscientious and conservative man, repeatedly warned us of the terrible dangers attending an invasion of Cuba in the summer months. Our raw levies were put on the move. Dewey and Sampson had destroyed the Spanish navy, but there were 200,000 Spanish soldiers yet in Cuba, to which we opposed 25,000, for no one will pretend that a month old recruit is a soldier.

Our Spartan band reached Santiago, when it was found that there were no docks to land the army, nor any lighters to transport the troops. But in some way or another they landed. General Shafter, ably seconded by the intrepid veteran, General Wheeler, moved on the enemy with an impetuous rush and with 21,000 men forced a surrender and brought the war to a close with a loss of less than 300

men.

But, alas! the worst was yet to come; the terrible depressing heat of this summer everywhere fell with fearful force on our troops in the South and in Cuba, and with it came the dreaded yellow fever, pernicious malaria, typhoid, dysentery

and other torrid and tropical diseases.

Great God! What would have been the consequences had Shafter waited for supplies, undertook to build docks and roads, had tarried until the Spanish commander had been reinforced at Santiago, till the wilting heat and yellow fever had seized

on his army?

The answer to this question is too terrible to contemplate. National honor would have compelled a second call for troops; the enemy, discerning our weakness and susceptibilities would have drawn our legions far into their fever-laden marshes and left their rapid destruc-

tion to the elements.

We have a lively recollection of the return of Sherman's and Sheridan's armies, not after a few weeks' sojourn, but from the three to five years, from the valleys of the Cumberland, the James and the Potomac, after the Civil War, but they came to us seasoned, swarthy veterans, very many in much better physique than when they left. But what a contrast with our troops returning now, wasted, cadaverous, broken-down wrecks. What a commentary—250 killed, and now, at this date, more than two thousand dead from disease and more than 50,000 lying ill with fever or invalided? Not only has disease struck with deadly force on the combatant arm of the service, but it has played havoc with the doctors. as we now learn from the Surgeon General's office that more than 75 per cent. of the medical division which went to Cuba is either dead or invalided.

The Government has done well to give little heed to the noisy clamor of the sensational newspapers, in the meantime sparing nothing to provide with all possible speed the needs of our poor, fever-stricken army.

An important and valuable lesson has been taught our nation, and the more thoroughly it is impressed the better, viz., that war is no trifling amusement, and that "steel can only be met with steel;" that a fighting force of efficiency must be of stuff something more than the evolution of a few weeks. A matured, seasoned, acclimated, and, it might be added, an "alienated" army, requires years to develop. If the recruit must be trained in the manual of arms and military movements, so must his digestive organs be accustomed to the crude, simple diet of the soldier. This is borne out by a statement in the Lancet on condition of the German soldiers now in China, which says:

"There is a hospital at Kiao-Chou for the German troops brought from Germany, but, according to an interesting letter published by the Times from one of its correspondents, the troops are extremely healthy, sickness amounting only to about 2 per cent. in the marines and 1 per cent. in the navy."

It takes five years to make a soldier in France or Germany, to season and harden him, so that the mishaps of a campaign are no inconvenience to him.

If an imperial policy is adopted by our Government then we must begin at once and reorganize a large standing army. Sanitary science must cut a leading figure then in dealing with the many important questions that burden the Government. Immunization, acclimatization and prophylaxis, then, must be our main reliance to prevent a repetition of the humiliating spectacle at present forced on us.

MAKING USE OF GERMS AS BULLETS.

If we could palm off the Medical Department of our army on a foreign foe it would be a great thing for this country. The tenth annual meeting of the Tri-State Medical Society, of Alabama, Georgia and Tennessee, will be held at Birmingham, Ala., on Tuesday, Wednesday and Thursday, October 25, 26 and 27, 1898.

A HINT ON THE TREATMENT OF HEADACHES.

It is a familiar axiom that in union there is strength, and this often applies as much to drugs as other things, for it is frequently found that by joining two drugs having similar effects much better results may be obtained than from one given singly. For instance, while caffeine has been found a most desirable remedy in the treatment of certain forms of headache, its beneficial effect may be greatly enhanced by associating it with another analgesic. A large number of preparations of this kind have been introduced, but one to which especial attention is

called here, on account of its uniformly good results, is Hemicranin, a mixture of caffeine and phenacetin. In view of the fact that the latter drug has for many years enjoyed great popularity its association with so valuable a cardiac stimulant and antineuralgic as caffeine furnishes an ideal preparation for the treatment of many forms of headache. Hemicranin has fully justified the expectation of its value, based upon its chemical composition, and is highly recommended, even in cases where other drugs have proved unsuccessful.



THE DIFFERENTIAL DIAGNO-SIS BETWEEN PROGRESSIVE AND ALCOHOLIC PARALYSIS.

Maradon de Montyel (Rev. de Med., February, 1898) says that in the stage of commencing paralysis progressive general paralysis bears such resemblance to that form of called alcoholic paralysis which occasionally supervenes in the course of chronic alcoholism that the most experienced alienists have given a diagnosis and prognosis of cases as being general paralysis which have been contradicted by the subsequent course—especially by their recovery after a few weeks. The most prominent sign in the differential diagnosis is the mode of onset, which in general paralysis is known to be gradual and insidious, while the alcoholic form commences suddenly. The moral alteration in the latter is very remarkable. The typical general paralytic, on the other hand, still exhibits in the midst of his intellectual ruin transitory noble feelings. The psychical phenomena are more to be depended on than either the physical or intellectual for the elucidation of these diseases.

In the issue of the "Times and Register" for August 27 the difficulties accompanying the differential diagnosis of multiple neuritis and locomotor ataxia were dwelt upon and the statement made that frequently a diagnosis of the more formidable disease was made, and a month or two afterward an alcoholic neuritis was cured.

We see that abroad the same difficulties oftentimes exist between general paralysis and that of alcoholic origin. The "man of the future" in medicine is the skilled diagnostician, and the more closely we adhere to facts, and the further away we keep from theories, the closer do we approach scientific medicine, upon which diagnosis must be based.

J. J. M.

IMMUNITY AGAINST DISEASE.

The magnificent address in medicine which Sir Thomas Fraser delivered at the recent meeting of the British Medical Association is among the notable events which characterized that great assembly of medical

It was comprehensive, clear and succinct, and accompanied with the fruits of much original research which served to illuminate many of the vexed questions constantly arising in these days of rapid scientific

investigation.

Medicine no longer lives in the esthetic realms of pure art—it has become a science based upon unchangeable principles. The progress that has accompanied its development during the past quarter of a century has been solely due to scientific research, and this has been mainly directed toward the prevention of disease. In order that successful treatment might follow accurate diagnosis the cultivation of the latter has been pursued with an avidity that reflects great credit upon the profession.

The principal question which the learned author discussed was that of immunity, why some diseases protected against a secondary invasion while others offered a protection merely for a space of time more or less unknown. Our continental brethren have been striving to answer this question for some years, but it still remains an unsettled

problem. The mystery surrounding immunity has not been entirely cleared up, and whether it depends upon some biological entity yet unknown remains to be discovered. We do not as yet know why smallpox, for example, protects its victims if it spares their lives, while diphtheria appears to render the invaded system more susceptible to its further ravages. There may be immunity of two kinds, namely, that produced by the disease and secondly, that procured by the introduction of increasing doses of toxines.

The temporary protection afforded by the latter can only be explained on the basis of the rapid elimination of the antitoxic bodies furnished by the toxines; the disease itself, while it has lost its virulence, still possesses sufficient power to generate antitoxic properties, which successfully cope with the toxines of a renewed invasion. The life history of these bodies is unknown, so that practically we do not know the length of time over which their protective power reaches.

Dr. Fraser believes that in the immunity following infectious diseases small quantities of antitoxin are being constantly supplied to the

system.

The whole subject is yet in nubibus and well worthy of further investigation upon the part of scientific students.

J. J. M.

DIETETICS OF HEART DISEASE.

At the recent annual meeting of the American Medical Association R. H. Babcock, of Chicago, referred to the vicious circle established between indigestion and heart disease. Venous stasis of stomach, intestines, pancreas, gall ducts and liver intensified the difficulties of nourishment under these conditions. Not only was digestion impaired, but the glycogenic, urea-forming and protective functions of the liver were added to the problem. Anemia was thus added, also uric acid accumulation in the system and deficient general oxidation. Two classes of cases were to be considered: (a) Those in which compensation was present; (b) those in which compensation was lessened or lost. In the second class the dietary must be restricted. The "gone" feeling and thirst in these cases were no indication for food. Food should not be given too often, but at intervals of five or six hours. The stomach was to be spared, and the symptoms would improve. If necessary somatose, nutrose, or even nutrient enemata might be given. Hot water before meals was useful. The amount of fluid taken with meals should be restricted. In the presence of oedema it should be reduced to a minimum. This included milk also. Starch, sugars and fats were bad, owing to their tendency to cause flatulency and post-prandial pressure. teids were best. Apples, peas, beans, meats, oysters were all good. When nephritis complicated it, milk was to be used; when arteriosclerosis was present no food containing much calcium salts should be taken.

There is no class of diseases which requires so much special study upon the part of the physician as cardiac The intimate relationaffections. ship existing between the heart and the remotest portions of the human system should be ever borne in mind. We might also add that in these affections the proper use of common sense will do more for the patient than the latest so-called cardiac "tonics." Too much emphasis cannot be placed upon the valuable suggestions of Dr. Babcock, whose wide experience and comprehensive views, combined with excellent diagnostic power, eminently fit him to speak ex cathedra. The general practitioner is very apt to turn to digitalis in every form of heart difficulty. The question of individualizing the particular case which confronts him scarcely ever occurs to him, to the great disadvantage of the patient. It may be safely said that almost as many people suffering from cardiac disease die from the indiscriminate use of digitalis as from the affection

It is by the judicious application of the common-sense measures which Babcock advocates that much relief can be afforded to those suffering from advanced heart disease.

J. J. M.

CLINICAL SURGERY AND SURGICAL PATHOLOGY

In charge of T. H. MANI, EY, M. D., New York

DOES ELECTRICITY KILL IN-STANTLY?

BY DR. J. A. O'NEILL,

Assistant Department of Surgery, New York School of Clinical Medicine.

Does the electric current, as employed by the State of New York for inflicting the death penalty, produce absolute death or only temporary unconsciousness? In other words, is the body that is cut to pieces by the surgeons who do the autopsy simply lifeless clay, or is it a tortured, sensitive human being, rendered powerless to resist by the electric shock?

Beyond the superficial burns where the electrodes come in contact with the skin there is no evidence of electrical injury, and because the autopsy reveals no cause of death many eminent medical men say that the victim is really alive until disemboweled by the surgeon's knife, and that all methods of resuscitation should be tried before be-

ginning the autopsy.

With a view to settling this disputed question the World asked me to attend the Thorn execution. I took with me a phonendoscope, a thermometer, an opthalmoscope and other delicate instruments for determining the presence of life. In addition to these I carried such powerful restoratives as brandy, strychnine, nitro-glycerine, etc., and a hypodermic syringe with which to administer them. I intended either to revive Thorn or to make sure that he was dead before mutilation should begin.

The World asked me to make a careful physical examination of the doomed man, both before and after execution. To do so before was impossible, as the law forbids any but

the prison physician to see condemned prisoners just before execution. Dr. Irvine, however, gave me the results of his examination. "The only thing about Thorn at all abnormal," he said, "is a rapid pulse, suggestive of smoker's heart, yet Thorn does not use tobacco. He slept well, ate well and was not at all hysterical nor emotional. He has gained about 15 pounds since his arrival at Sing Sing."

When Thorn walked into the death chamber he was pale, his lips parched and slightly parted. His eyes swept the room in a frightened way and then turned toward the floor and remained cast down. His knees did not tremble as he walked to the chair, and he gave no sign of emotion. He voluntarily moved his right leg into a position to facilitate the application of the electrode.

Warden Sage made a sign to the electrician and immediately Thorn sprang forward and remained rigid for 60 seconds when the current was turned off and he sank limp in the chair as far as the straps would permit. There was a blowing sound like the neigh of a horse, saliva came from his mouth, and the carotid artery in the neck began to pulsate.

Dr. Irvine placed his finger on the artery and then made a hurried sign to the electrician. Again Thorn's body became rigid, his mouth opened and his hands, which had become blue, again assumed their living color. For half a minute this second current was maintained, and then I was allowed to make an examination.

I asked Warden Sage if I might apply restoratives, but he said the law would not permit any attempt at resuscitation, although he said I might make any reasonable tests to assure myself that Thorn was really dead.

Placing my stethoscope against Thorn's chest I listened carefully for the heart beat, but there was sound. I placed my finger on the carotid artery and felt a slight thrill. As I raised his eyelids and touched the eyeball there was a slight contraction of the right pupil. thermometer placed in his mouth registered a temperature of 104.5 degrees. The involuntary muscles were still active, and contracted upon irritation. On the calf of the right leg there was a burn as large as my hand, and the temperature there was 110 degrees. The right leg was partially flexed and very rigid, a pseudo rigor mortis due to the coagulation of the albuminous fluids by the intense heat. The rest of the body was perfectly limp and the blood did not coagulate. attendants carried Thorn from the chair to the autopsy room, and an hour later Drs. McAllister, Brooke and Goodwin began the post-mortem examination.

The brain was first examined, but was found to be perfectly normal. The abdominal viscera were intact and the lungs showed only a few old adhesions of many years' standing. The heart had stopped while the left ventricle was contracted, and was therefore empty. One by one the vital organs were dissected, yet not a single lesion was found that could have caused Thorn's death. Conditions warranted at-

tempt at resuscitation.

Decomposition is the only absolute sign of death, but this sign was absent in Thorn's case. On the other hand, there were several signs that under different conditions would be interpreted as evidence of life. The thrill in the artery, the sensitive pupil and the muscular irritability would certainly warrant an attempt at resuscitation in a man not legally dead. It may be that the apparent pulsation in the artery was caused by the gravitation of the blood from the head to the trunk, but gravitation will not account for the contraction of the pupil nor the reflex action of the muscles. There is no

doubt that Thorn is dead now, and that in fulfillment of the decree of the Courts he died "during the week beginning August 1," but if required to state the precise time of death I should be very reluctant to sign his death certificate.

Note.—A more appropriate title for the above timely and scientific contribution would be "Was Thorn Killed by Electricity or by the Dissectors' Knives?"

With this report before us no one will repeat the mockery of inquiring "is electricity either painless or humane?"

TREATMENT OF TUBERCULOUS ARTHRITIS BY BLOODLESS METHODS.

Calot (Berck) dealt with this subject. He said the best treatment of cold abscesses is not a so-called radical operative procedure, which is often disappointing in its results, and which always causes too great a loss of substance, nor is the expectant method the best. As in the case of cold abscesses in general treatment which most surely cures white swellings and leaves the most serviceable limb is unquestionably puncture, followed by a modifying injection into the interior of joint. Of 40 cases of white swelling cure was effected in 39 by this method alone. In a single case, that of a man of 30 who had a white swelling of five years' standing, Calot had, owing to anatomical peculiarities which made the application difficult, to have recourse later to arthrectomy. The orthopedic results of the bloodless method have been extremely remarkable. Not only have the limbs kept their shape, length and solidity, but in nearly one-fourth of the cases the joints have entirely, or almost entirely, recovered their movements. Calot looks for still better results from the orthopedic point of view, as he proposes in future to direct his efforts to the restoration of movements; hitherto he has not done this, restoration having taken place spontaneously, without any interference on his part. The technique of the injections is the same as in the case of cold abscess; the liquid used for the purpose is also the same. Calot prefers camphorated naphthol. which he injects in small quantities, the dose being from one to 10 grains, according to the age of the patient. He begins by injecting camphorated naphthol after emptying the joint, at intervals of two or three days. After the eighth injection of naphthol he injects ether and iodoform twice. Then, having on two or three occasions completely emptied the joint of the liquid which it continues to secrete for some time after the last injection, he applies compression with plaster over cotton wool. The period of injections lasts from 25 to 30 days; that of compression lasts three or four weeks, after which the patient is discharged. In the case of a dry, white swelling, the first four or five injections of naphthol into the synovial sac cause its walls to secrete a brownish serosity, which brings the case into line with those of ordinary swelling. When a fistula exists the duration of treatment is longer. A cure is often effected by injections made in such a manner that the liquid remains in the passage. In connection with this subject Calot takes occasion to point out that the existence of a fistula is always attributable to the medical practitioner who has had charge of the case: such a condition ought never to be present.

Courdray (Paris) said the conservative treatment of tuberculous joint disease by rest, immobilization and compression was not only intolerably tedious, but not always sure. cept as regards the hip, where extension is the procedure of election, the tuberculous focus should be attacked directly. For this purpose he preferred the method of "sclerogenic" injections introduced by Lannelongue. By this means he had obtained excellent results in 64 cases of articular tuberculosis, especially when he was able to intervene in the first months of the disease. Success was particularly marked in the white swellings of the knee. method was not applicable to lesions of the hip or of the vertebral column, the diseased parts being inaccessible by reason of their depth and the uncertainty as regards the exact situation of the focus.

Redard (Paris) said that in the conservative treatment of tuberculous arthritis he employed intra-articular injections of olive oil containing 5 or 10 per cent. of iodoform. He preferred this preparation to iodoform and ether, which caused very painful distension and sometimes gangrene of the skin. He recommended that injections should be made around the joint into the fungating masses, and around and into the fistulous tracts. As regards swelling of the knee he had obtained complete success in 60 per cent. of the cases; as regards other joints, in 40 per cent. This method, better than any other, insured the preservation of movements in the affected joints. Cold abscesses were amenable to the same treatment, and Redard said that in this category he had had 70 per cent. of successes. He pointed out that care must be taken before the iodoform oil is injected to wash out the cavity with a solution of naphthol beta. Oxygenated serum prepared with phosphate of soda and bi-oxide of hydrogen had been successful in his hands in cases accompanied with fistula, in which iodoform oil generally failed. The serum was attended with the drawback that it caused distension of the cavity by liberation of gases, but the distension was less than after the use of iodoform and ether. -The British Medical Journal.

SURGICAL TREATMENT OF TUBERCULOSIS OF THE BLADDER.

In a communication of this subject E. Desmos (Paris) said that, although tuberculosis of the urinary passages often remains localized to the organ originally attacked, operative procedures, such as curetting or total resection of the vesical mucous membrane were generally followed by no good result, and were sometimes followed by generalization of the infection throughout the urinary apparatus. Nevertheless, painful forms of tuberculosis cystitis can often be dealt with satisfactorily by suprapubic cystotomy, but in these circumstances care must be taken to leave the vesical mucous membrane untouched, whatever les-

ions it may present; the operator must be content with draining the bladder. If the patient is willing to put up with the inconvenience of a fistula for a long time—at least a year-not only does the pain diminish or cease altogether, but nearly all the lesions undergo a temporary arrest, owing to the permanent relief of the congestion of the bladder walls and the abolition of micturition through the natural passage. When operation of any kind is contraindicated recourse must be had to instillations of sublimate and injections of guaiacolated oil, and to general treatment.

-The British Medical Journal.

SPASMODIC STRICTURE OF THE ESOPHAGUS.

Sir:—I have been much interested by Dr. Russel's paper in the British Medical Journal of June 4 on spasmodic stricture of the esophagus at or near the cardiac orifice of, the stomach. During a long residence in the West Indies I met with several cases of this nature, and all of them appeared to be connected with malaria, as is possible two of Dr. Russel's may have been—that of the surgeon in the colonial service and the retired naval officer.

My attention was first directed to the complaint by being myself the subject of it. In 1870 I had a most severe attack of malarial remittent fever, and during convalescence suffered for several days from the following symptoms: Fluid food could be swallowed without much pain or difficulty, but solid food occasioned much pain in the lower half of the esophagus, which, when the cardiac orifice was attained, became most intense. After several seconds had elapsed I could feel the morsel of food slowly dilating the cardiac orifice, and the pain then became agorizing, until at last I could feel it pass slowly through, and comparative relief followed, although sensation of soreness continued for some time. I subsequently had several cases of a similar nature while in the West Indies, all of them associated with malaria, and in some of them the symptoms were distinctly intermittent in their occurrence. I

have also since coming to this country been consulted for the same symptoms by a gentleman who had spent many years abroad in a malarial locality.

It is somewhat singular that Dr. Russel's cases, with one exception, all lived within a radius of less than 40 miles, and I would suggest inquiry as to whether malarial influences might not have had something to do with their occurrence.

I may add that all the symptoms were soon relieved, and in a few days entirely disappeared under full doses of tinct. belladonnae and liq. arsenicalis. I am, etc., Izett Anderson, M. D., Eastbourne, June 6.

-The British Medical Journal.

DISCUSSION ON THE TREAT-MENT OF ELBOW FRACTURE. BRITISH MEDICAL ASSOCIATION, August, 1895.

Dr. Roberts, of Philadelphia, said that he had found the ankylosis after fractures into the elbow joint was due to imperfect reduction and fixation of the fragments. The consequent alteration in the shape of the articulating surfaces constituted a mechanical obstacle to mobility. After severe fractures mobility was promptly regained when the movements of the olecranon and radius on the humerus were not obstructed by bony deposits. Hemorrhagic effusions into the joint and adhesions relatively unimportant as causes of ankylosis. The conservation of the normal angle between the lower end of the humerus and the ulna was of importance, because if this was much altered there was a loss of carrying power. This "gunstock" deformity was caused by displacement of one condyle, causing valgus or varus of the part, just as in Ogston's operation for knock-knee the condyle was slid upward and the angle between thigh and leg altered. However, in the elbow fortunately slight alterations of this angle did not affect the usefulness of the limb, but it was the surgeon's duty to restore anatomical symmetry as far as possible, as well as usefulness. The method that he had found most effective and now generally employed was that of fixing the

fragments with long nickeled steel nails. Occasionally deformity and limitation of movement were due, to imperfect reduction, but imperfect fixation, of reduced fragments, so that they slipped out of position again. Nailing prevented this. He used special steel nails with a head, to which a handle fitted. With this handle the nail was thrust through the skin and into the bone; the handle was then removed and the nail driven home by means of a hammer. Meanwhile the parts were held accurately in position by an assistant. Common wire nails would do in an emergency, but they were not sharp enough and not tempered properly. Skiagraphs were most important to determine position of fragments and the direction in which the nails should be driven. The speaker showed skiagraphs of several cases after nailing, three long nails right across the joint in different directions being used in a severe case. In cases of doubtful nature an exploratory incision was advisable, and should be much oftener practiced than was general. The best incision was one on the anterior outer aspect of the joint, turning up a flap of the biceps and supinator longus. The not quite fully extended position was that in which he generally put up his cases. In cases of stiffness and uselessness after fracture he recommended refracture and replacement.

Professor Chiene said that there were three positions in which we could treat injuries of the elbow joint. He used them all. When for any reason the recumbent position was necessary he used the extended position with weight-and-pulley extension of the hand and forearm. In fractured olecranon with displacement of the fragment, he used the same position with elastic traction on a splint, but in fractured olecranon without displacement he put the forearm in a sling. All other cases he treated in the fully flexed position, using no pad in front of the elbow, but only a layer of lint to keep skin from touching skin. In this position the stretched triceps acted as a splint. In some cases, also, he bandaged the forearm to the chest,

which thus acted as a splint, keeping skin from directly touching skin. Massage after one week, movement

after ten days in all cases.

Mr. T. Bryant agreed with Professor Bennett's explanation of the escape of the joint in many cases of compound separation of the epiphysis of the humerus. In this injury, when not compound, effusion took place between the bone and the periosteum and made clear what had happened. He thought there was no need to remove the end of the shaft in the compound injury. The extended position was the best for examination of the elbow; the bony points and their relative situations could be best made out in that position. In a large number of cases the extended position was the best for treatment. In general he indorsed Mr. Chiene's remarks.

Dr. Kennedy Dalziel said that fractures into the elbow were caused generally by falls on the outstretched hand. Such a fall produced either a Colles' fracture, a fracture or dislocation of the elbow, or an injury of the shoulder, according to the direction of the force and other circumstances. The force of the fall was transmitted upward and outward from the inner side of the capitellum through the lower end of the humerus, and fracture occurred in this line. Commonly the fragment was displaced upward and rotated, as shown by skiagraphs, so that the capitellar surface came to be applied to the fractured surface of the humerus. There might be excessive formation of bone with resulting ankylosis, or there might be nonunion. In the latter cases the disproportionate growth of the healthy inner condyle caused displacement of the forearm outward, and gunstock deformity followed. One-third of the cases of fracture at the elbow joint in your subjects were of this nature. It was not displacement of the epiphysis, but a true fracture, and occurred only before puberty. Nailing he believed to be a correct method of treatment. He had wired the fragment, but this involved leaving a foreign body in the joint, which was not advisable.

Mr. C. B. Keetlev could not agree

with Professor Bennett as to cause of non-suppuration in compound dislocation of the epiphysis. thought it scarcely possible for the periosteum to protect the joint in the manner suggested. A good deal would depend on when infection occurred. If, as he thought, this was generally due to some carelessness of a house surgeon or dresser a day or two after injury, then the joint cavity might already be shut off by adhesions. It was important to have a free exit for pus. It was remarkable how joints seemed to protect themselves. He quite agreed with Dr. Roberts that displaced bone was a great cause of ankylosis, but he disagreed with him as to the need of nailing. The objections offered to the use of wire he had never found valid in practice. Fragments were seldom completely detached from soft parts, and, moreover, the irregu larities of the fractured surface would keep the fragments in place when once reduced. He would state it as an axiom that all fragments should be cut down at once and wired. In dislocation, if the head of the radius could not be reduced it should be removed. In a case in point, that of a boy of 14 years, there was fracture of the external condyle. He cut down on it and found the detached condyle turned upside down and inside out, with the fractured surface toward the skin. He wired it with excellent result. Obviously no other treatment but exploration could have corrected this properly. Splints, massage and passive exercises would all have been useless. He did not think the latter means of much value in any case. Patients would not submit to passive movement when it hurt them, but if the displacement was corrected they might be trusted to exercise the joint of their own accord. The head of the radius was often thought to be the cause of obstruction, but it was very easy to be mistaken. He related a case in point, in which the olecranon was found to be in fault instead, and a wedge was removed from it.

Mr. Jordan Lloyd said that fractures were often mistaken for dislocations. He believed that dislocations of the elbow are very rare... The majority of cases so called were cases of cleavage fracture of the lower end of the humerus, usually caused by falls on the elbow. Fracture of the olecranon in the young was extremely rare. At ages under 25 the humerus broke instead. He explained by means of a diagram the manner in which the olecranon acted as a wedge and split the humerus. The direction of the force either outward or inward, as well as upward determined which condyle suffered most. These injuries were often overlooked, because in doubtful cases examination under anesthesia was not regularly resorted to or the X-raps were not used. Often we must defer diagnosis until swelling had gone. He deprecated haste and did not think nailing was to be recommended, partly because even the best of us were not absolutely certain of asepsis, and because excellent results could be obtained without nails. He thought it would be most unfortunate if this meeting sanctioned the idea that nailing should be the routine treatment. Mr. Chiene's plan of using the body as a splint was an excellent one. The speaker had also got good results by treatment in the extended position. Stiffness was often caused by passive motion. He did not believe in its usefulness. Far more harm was done by it than by too long rest, which allowed complete consolidation. He had seen the elbow immobilized for six weeks or more, with excellent results. Therewas a form of fracture of the olecranon in the adult, due to a fall on it with dislocation, which was difficult to reduce. He had already described this injury, which consisted of a narrowing of the sigmoid notch caused by incomplete fracture with crushing together of part of the joint surface of the process, the periosteum acting as a hinge. For this injury operation was needed to restore the sigmoid cavity.

Professor Bennett in reply said that immediate diagnosis was important. He deprecated the general

use of nails and screws.

The president said that the difficulty of reducing and controlling small

fragments rendered treatment often The position in unsatisfactory. which the fragments were easiest put and kept right was the most useful in treatment. He was astonished that massage had not been mentioned. He believed it to be most valuable in treatment, provided that the fragments were secured in position. Passive motion was useful if correctly applied after an interval, but it must be gently and discreetly used. By passive motion he meant flexing the joint as far as possible once in the morning and extension once in the evening: no more.

INTESTINAL OBSTRUCTION.

Professor Kocher, of Berne, then read a paper on intestinal obstruc-tion. Out of 77 cases 26 were malignant, of which 24 were operated on, mostly by extensive resection. In the 20 the patients were still alive. Localized tuberculosis of the gut was somewhat common in Switzerland. Of 90 cases of this he had operated in 18 cases by resection of the whole diseased part. In 16 the patients had recovered and two had died. He had operated on six cases of intussusception by resection of all the folds of gut involved. All the patients recovered, and in one only a fistula remained. Every case of obstruction should be submitted to the surgeon at once, that he might decide as to whether the operation was needed, early operation being most important; but the surgeon should employ every means in his power besides operation, and one of the most valuable of these was consultation with a good physician.

Note.—Elbow joint fractures in the adult are always serious lesions the varying degrees of gravity depending upon the extent of damage and the special anatomical structures involved. The great issue in their treatment is whether or not passive motion should be employed. Spiking or wiring these fragments in any other than special cases is a procedure of doubtful util-

itv.

It is unfortunate that none of the distinguished speakers above cited made any allusion to the great importance of local treatment over the

tumified parts until all hemorrhagic or inflammatory effusion is absorbed.

T. H. M. —Medical Record, Aug. 27, 1898.

MELANCHOLY STATISTICS.

In colonial wars, which are often waged by race against race, the terrible mortality which accompanies them is rather from an inhospitable climate than the field of battle. As a sad demonstration of this we may cite the dreadful lethality among the Spanish troops in Cuba during the year 1897.

Deaths from yellow fever.... 6,034 Deaths from typhoid fever ... 2,500 Deaths from dysentery fever... 12,000 Deaths from intermittent fever 7,000 Deaths from other maladies... 5,000

What lugubrious statistics?
—L'Echo Du Nord, Aug. 20, 1898.
Note.—These statistics should lock the jaws of our American howlers and sensationalists. The climate of Cuba had palsied and blighted the Spanish army, had so crippled it that it was powerless to cope with little more than a disorganized mob of insurgents. Nor indeed, when our handful of raw troops arrived was it able to meet them in a single general engagement.

The miasmatic atmosphere of Cuba had enervated and consumed the vitality of the Spaniards, and they knew well that another summer's campaign meant for them an enormous sacrifice of life from tropical diseases.

But where was its commissariat

and medical departments?

Evidently under the destructive effects of atmospheric and climatic influences, where ours were; no doubt in evidence; but all human efforts avail little when circumstances and environment favor the spread of pestilential diseases.

The succor or hope for Spain's army lay in speedy evacuation of Cuba, but their troops' departure was not as precipitate as ours, the

larger part of whom had not participated in any engagement, nor were even on the island a single month.

T. H. M.

CURE OF EXTROPHY OF THE BLADDER CURED BY COLOCYSTOTOMY.

BY DR. M. LE TUFFIER.

Tuffier well notices that extrophy of the bladder is not only a most important and disgusting infirmity, but, at the same time, is successfully treated with the greatest difficulty. Of late it has been shown that the large intestine tolerates the presence of urine very well. Some time since Mayde successfully performed a cystocolotomy for this condition, with a good result. On February 12, 1898, Tuffier operated on a most severe case of extrophy of the bladder by closing the anterior breach and turning the urine into the rectum, by joining the bladder to the rectum through an anastomatic portal. Result has been entirely satisfactory. The patient now defecates three or four times in 24 hours, and is perfectly cured of the deformity. —Gaz. Heb., Juillet, 1898.

FOUR CASES OF PERITONITIS TREATED BY RECTAL INCISION.

BY M. JABOULAY.

This author records three interesting cases, evidently of suppurating appendicitis, treated by rectal incision, irrigation and drainage; one dying later from complications.

The author emphasizes the importance of always exploring the rectum in cases of suspected purulent ac-

cumulation from any cause in the lower abdomen or pelvis.

Having discovered evidence of deep lodgment of pus contiguous with the lower rectum, the anus is widely dilated and thoroughly cleansed by large irrigation, when a rectotomy is performed; the incision is enlarged with the index and all pus well drained off. After escape of pus a gauze drain is inserted and the case treated on general principles.

This method of drainage is similar to that secured by colpotomy in the

female pelvis.

Note.—In 1881 Byford demonstrated how many pelvic accumulations might be safely carried off by the rectum or the vagina, and at an earlier epoch Thomas described in extenso vaginal drainage. Delbet later employed the rectal route of drainage in pelvic disease, and here in America Gibney has shown that the results of lumbar drainage are very much the best by way of the rectum. Chassaignac declared that the rectum was by all odds the most natural emitory for all pus accumulations in the pelvis, from whatever cause. Kocrite has found that in rectal evacuation of pus there is less shock, and more rapid recovery when we drain by the fundament.

Precautions to be observed are, first, that the bladder be well emp-

tied.

Secondly, that the peritoneal cavity is not opened.

Third, that all the pockets are well

opened.

Fourth, that a drain be maintained until all residual elements of inflammation and infection are carried away.

-Gazette Heb., Juilliet, 1898.



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PRESIDENT'S ADDRESS BEFORE THE ALUMNI ASSOCIATION OF THE SOUTHERN MEDICAL COLLEGE.*

BY J. McF. GASTON, Jr., A. M., M. D., Atlanta, Ga.

The Southern Medical College was opened October 13, 1879, when Dr. T. S. Powell, porfessor of obstetrics in the college and founder, delivered the opening address. He took for his subject the Bible sentence: "Whatsoever a man soweth shall he also reap," and he made a strong presentation of the claims of the new instituion on the grounds of honor, ethics, high standard of teaching and laudable ambition to excell. He denied the insinuations of enemies, gently rebuked the pessimists, and at the same time realized that the optimists are not always right. He preferred to rely on his sense of the encouragement which the future would bestow upon his enterprise and that of so many earnest, noble co-operating spirits. He trusted in God, and was impelled by a desire to be classed among the benefactors of mankind, such as he deemed Howard Payne, and all the founders of Yale, Harvard and other educational institutions. He had no words of bitterness, but believed in the motto of "Live and let live."

A few well-worded sentences out of many gems of thought may be here quoted with great profit. object and the earnest desire of the founders of the Southern Medical College of Atlanta is to legitimately and thoroughly teach the science and the practice of medicine upon broad, high and progressive basis. No man should have, and does have, more of the spirit of progressive knowledge than the true physician, but to elevate the profession to the desired eminence we must have the sympathy and support of the public, 'ts confidence in his efforts, and its respect for them."

The child who when asked where home was said, "Where my loved ones are," was not confined in area to four walls or to any street number, or to the few men arrogating the power to collect rent. The alumni will never regard the Southern Med-

^{*}Delivered July 20, 1898, at the meeting held at Atlanta, Ga.

ical College changed in name or in honor, or indeed, until the love of the graduates shall be transferred to another alma mater.

In connection with the love of home, of home institutions, and of the Southern Medical College, allow me to quote again from Dr. Powell's

introductory address:

"'The Home, Sweet Home' of John Howard Payne is a stereotyped melody around the fireside in every land where the song has been sung, and the beautiful, self-immolated life of his illustrious namesake is a previous legacy to the whole philan-

thropic world.

"In our own country the timehonored names of Yale and Harvard are not enshrined only in the memory of their beneficiaries among our Northern friends, but North, East, South and West have paid their tribute of eulogy to these halls of learning, and in every section of the Union there are found alumni of these institutions, who to the close of their lives have vivid and grateful recollections of their loved and revered alma mater.

"The venerable William and Mary Randolph-Macon Colleges, though erected on Southern soil, open their fountains of knowlirrespective edge to everyone, of clime or nationality, who would drink of the Pierian Spring, and the more modern institution, Washington and Lee College, has already a world-wide fame, where the names of these our illustrious chieftains are known

honored."

"What has been reaped?" may be asked me as one who dares to write a history of the institution known as the Southern Medical College. answer that among the many things reaped may be enumerated a threeyears' graded course of lectures, a well-recognized position among the examining boards of all the States, but especially Tennessee, bama,** Georgia and Virginia.*** The address of Dr. B. J. Baldwin, as president of the Alabama Medical Association, and the many references by others to the Southern Medical College are facts. The Southern Medical College had 20 applicants

for license to practice before the Examining Board of Alabama, and the record gives 17 granted and 3 rejected. It is well to bear in mind in this connection that the Southern Medical College was then several vears younger than it is to-day, that the applicants had only been through two courses of lectures, and that there was no selection whatever of The fact the material examined. that the Atlanta Medical College had over double (42) to apply, and yet only 28, seven over half of this number, were granted, shows the marked disproportion, which is still further emphasized by the comparison of 14 rejected to our three. Where a natural proportion would make the number at most six, it is over double what it should show when compared with the record of the vounger school. But how did Augusta compare as the seat of the medical department of the University of Georgia? Eight applied, six granted, two rejected. Increase by multiplying by five all the numbers and we approach near the number who applied în the Atlanta, 40, and we have 30 to compare with 28 who were granted, and ten with 14 who were rejected.

How about the other two Georgia colleges mentioned in this list? The Savannah Medical College had one to apply, and that was granted. This college, by the way, has been allowed to stop its good record by suspending operations. But as to the Georgia Eclectic College of Medicine and Surgery we have the figures thus: Ten applied, six granted, four rejected. Double and we have the first number for comparison with the Southern, and we have 12 granted to

rejected.

***Southern per cent., 15-85; Augusta
per cent., 25-75; Atlanta per cent.,
33 1-3-66 2-3; Eclectic per cent., 40-60.
The first numbers represent licenses rejected, the second granted from 1878 to

1892.

^{**}We find an official statement or table, in the Virginia Medical Semi-Monthly of August 12, 1898. The Medical Examining Board of Virginia from the organization of the Board, January 1, 1885 to June 24, 1898, has had four applicants from the Southern Medical College, and the number licensed on first examination was two, while two were rejected. The Atlanta Medical College had only two to apply, but both were rejected.

our 17, and eight refused to our three. And yet the Georgia College of Eclectic Medicine and Surgery is able to stand alone, and the Southern Medical College has been represented by some as needing support.

During the transition stage between the second and third courses of lectures one of our present alumni, Dr. A. Browne Evans, of Churview, Va., wished to practice and was licensed to do so by passing the examination of the examiners of the

State of Virginia.

From a patronage chiefly confined to our own State the Southern Medical College began to draw students from all States, and in the last year's list of matriculates may be found men from Wisconsin Cuba. But it was distinctly what its name implied, and that which we shall always cherish—the Southern Medical College.

In the same number of the Southern Medical Record in which we find Dr. Powell's eloquent address upon "Southern Institutions" is the statement from Dr. Word, the first dean, that the college had 50 matriculates. "An extraordinary opening, truly, he remarks, "for a new institution." Again we find with the initials T. S. P. a strong editorial on the "Green-

Eved Phantom," jealousy.

It also appears that quite a number of valuable books were donated by D. Appleton & Co. to the South-

ern Medical College library.

As supplementary matter I here incorporate by permission information which has been communicated to me by Dr. W. T. Goldsmith in a private interview. Dr. Goldsmith himself has been connected with the Southern Medical College since the organization. He was one of the first professors and trustees. was co-editor of the Southern Medical Record with Dr. Powell and Dr. Word. He states that, on ethical grounds, Dr. Powell had been opposed by many of his colleagues who were not willing to allow of an honest difference of opinion and packed the Medical Association of Georgia in order to secure their vindication. Dr. Duncan, of Savannah, wrote to Dr. Goldsmith, advising that Dr. Powell and he move in the matter of

erecting a new college, promising the support of their Savannah leagues. Dr. Powell was shown the letter and began to organize what became the Southern Medical Col-

lege.

While the North is overcrowded with medical schools, the number of students yearly who go from the South to Northern schools testifies to the necessity for a higher course of study in the medical colleges in the South. Four years and no less should be the graded course of every college in the South, and the recent resolution passed by the American Medical College Association setting as the limit for the admission members of colleges having only three years' course to the American Medical Association the year 1899 will, we hope, compel the members of the faculties of all institutions in the South to adopt a four-years' graded course.

It may be said that the University of New York and Bellevue consolidated, that Niagara and the University of Buffalo consolidated, but it will always be understood that the Medical College was Southern bought or absorbed by the Atlanta Medical College, and, far from a higher standard, we expect to see a lower standard of education. But the history of the Bellevue Hospital Medical College* shows that Cornell may claim quite as much of the benefit of a graft from it as the University of New York, while the Buffalo Medical Journal acknowledges that Niagara was the weaker vessel.

The Southern Medical College has had a varied and rugged road travel. Starting with nothing but the indomitable will of Dr. T. S. Powell and the hearty co-operation of an able faculty, it seemed to be made for better things, and the motto was

^{*}Cornell University Medical College has four professors formerly in Bellevue, while the University and Bellevue Hospital College have 33 professors and acsistants formerly connected with the fac-utly of Bellevue Hospital Medical Col-lege; but Cornell has 10 or 11 formerly the University of New York, while the University and Bellevue has only five professorships from among the number on the staff of instruction, as given in the annual announcement of the University of New York for 1894.

thorough instruction in medicine, surgery and allied sciences. The graduates were gradually becoming a class of cultured and scientific physicians, and no man dared to impugn their honesty and devotion to right

and duty.

The older men, seeing the advances of the last decade, have fitted themselves by study abroad or by the attendance upon post-graduate institutions or medical societies. The younger men, having derived great benefit from the increased facilities for study and work in the laboratory and hospitals, have taken a stand with the foremost. In verification of these remarks we point to the rolls of the various State medical societies, to their county and city societies, and especially to their hospitals, beginning with Atlanta, Macon, and ending in the Indian Territory, Colorado and California.

But the strength of any college is the devotion of the alumni, and I have yet to see a man among her alumni who has failed to revere and hold in great and unbounded respect the memory of the Southern Medical College. But what can we do? We can act as a nucleus for mutual improvement, and who knows the influence and the service to our former teachings in ethics and on medicine

and surgery we may be.

The day we meet is the day for the reunion of the Confederate Veterans. Do these veterans regard the Southern cause they fought for any less dear to their hearts because the Confederate States are now confederated with the United States? No, never. They are separate and distinct, and we meet to-day to honor the Confederate Veterans for their work. And we, of the Alumni Association of the Southern Medical College, are here to represent the old and not the new college.

"The old oaken bucket, the ironbound bucket, that hung in the well," was far more fit to give drink to our poet than the most costly substitute could have been, even if it had been made of gold and had been

studded with diamonds.

The men from whom we received our own medical lore have been called to rest, or are "fast passing away and the places that once knew them shall know them no more." The teachings of such men as Drs. Wood, Powell, W. D. Bizzell, Thad. Johnson and others, however, linger and bear fruit at the bedside.

"The age of a man is purely relative" is a sentence I heard from Dr. Bizzell before I entered college. Although I never heard him in college hall yet I rejoice to know that I did have the benefit of a close friendship and that these words were uttered in a Christian hall, and embellished a part of his conception of the ideal

man throughout the ages.

I never stay long beside an obstetric case that I do not recall the teachings of Dr. T. S. Powell. I did not have the pleasure of hearing or personally knowing Dr. Thad. Johnson, but I hold his memory in deep esteem because of the fact that he preceded another whose connection with the faculty of the Southern Medical creased by voluntary resignation only a day or two before the opening wedge for a so-called consolidation was driven with soft and easy licks into the very vitals of the old Southern Medical College. Yet I knew Dr. Word well, and most heartily did I appreciate his high and lofty spirit. Of the successors of these men no word from me need be said, and I leave the living to live on until the true historian may do them justice. My college days were pleasant days, and I there formed some very lasting friendships.

To my own unaided view clouds here and there could be seen, and yet, while I apprehended the worst, I hoped for the best. The spirit of the demagogue crept in occasionally, but over all was a controlling and pacifying element which tended to abase self and to instill unselfish devotion to duty and to the interests of the Southern Medical College. The good is not always aggressive, while the bad is ever multiplying. While the present is not an effort at a funeral of the Southern Medical College, still I will quote the words of Mark Antony, uttered at the funeral of the great Caesar:

"The evil that men do lives after

them;

The good is oft interred with their bones."

But even as there is a resurrection

of the body after death, so there is a resurrection of a college.* "Principles live" and need exponents. The alumni of the Southern Medical

College are her exponents.

The old aphorism runs, "Truth crushed to earth will rise again," while the same idea may be expressed in this way that other cities and other colleges will teach the principles needed, if our own colleges and our own State refuse them.

Let us hope for the best. In the words of Daniel Webster, "May that fear of God which expels all other fear, and that regard for duty which transcends all other regard," influence our doctors, and may the fact that a man seeks an office or plots for another man's office be sufficient reason for suspecting his own good faith and his professions of loyalty to any cause. "An office should be neither sought nor declined."

Note.—In the announcement the medical department of Cornell University, which has been issued since this address was delivered and came in the mails September 8, 1898, great stress is laid upon the fact that the members of the faculty of the medical department of another university had been secured. All will recognize in the names of William M. Polk, dean; Lewis A. Stimson, C. S. Bull, F. S. Dennis, F. Kammerer, R. A. Withurer, Austin Flint and others a galaxy of names unsurpassed in the annals of the medical education of the last quarter of a century. The increased attention bestowed upon the system of recitations from standard textbooks and the bedside instruction augurs well for its future influence on our doctors.

If the consolidation of Bellevue Hospital Medical College has caused the great institution at Ithaca, N. Y., to found a medical department in the city of New York we may expect the former teachings of Bellevue Hospital Medical College to be continued intact, rather than to be ab-

sorbed, while the Medical College of the New York University continues. The present high standing of Cornell University in the academic department at Ithaca, where we find two years of the medical student are allowed, without however preventing a change of the regular full four years' course in New York City, should be helpful.

More medical colleges are thus being the result of an effort at consolidation, more professors are being brought to the centre of the medical teaching, and more buildings are

being erected.

The effect is also in decreasing the masses of pupils rather than in consolidating the students, so that we have laboratories and hospitals, where sections of the students may be prepared for their life work.



^{*}Niagara Medical College.—A short time ago Niagara Medical College, of Buffalo, consolidated with the University of Buffalo. Before all the books and laboratory appliances had been removed from the Niagara Medical School the rejected faculty got together, reorganized and are preparing to reopen the Niagara Medical College.—Philadelphia Medical Journal.

RESPONSE TO THE ADDRESS OF WELCOME.*

BY J. R. SHANNON, A. M., M. D., Cabaniss, Ga.

Mr. President and Gentlemen of the Alumni Association of the Southern Medical College:—It is with pleasure that I meet you to-day, and gladly do I give response in behalf of the association to the works of Dr. Parks, of the local alumni.

While it is a pleasure to be with you to-day there creeps over me a feeling of sadness that since our last meeting there are those who are absent forever, and I but voice the sentiment of all present when I say, like Tennyson:

"O, for the touch of a vanished hand, And the sound of a voice that is

stilled."

While we give the kindly tear of sweet memory for our departed brethren we give the hand of warm friendship and encouragement to the

living.

It is meet and proper that we should assemble at this time and in the city of Atlanta. Surrounded as we are, and imbued with the sentiments that fill every mind and permeate every heart of every lover of his native country in this Southland of ours, we cannot but feel a kindly interest in our fellow members and a worthy ambition to a higher attainment in our chosen profession. Today the Confederate veterans from every nook and corner of Dixie land have met to greet each other and exchange friendly reminiscences of the past, to renew old friendships, and to pledge fidelity for the future. Thus we have met together to make afresh the memory of our college days and pledge fidelity to one another in the coming years, and offer our humble efforts upon the altar of medical science, and, by the exchange of ideas and experience, we hope to advance in some small degree the interests of

*Delivered July 20, 1898, at the meeting held at Atlanta, Ga.

each other and the benefit of the profession which we love and for which we live.

I have an abiding faith in the future of our profession in Georgia. With the new legislation now existing and the enactment of further laws for the protection and advancement of medical science, we see no reason why Georgia should not take her place among the foremost of the States in medical progress and medical enlightenment. To accomplish this most worthy end the means are at our command, if we will only take advantage of them. There is urgent need of further protection and encouragement by and through the law-abiding power of our country. If every physician will lend his hand and voice in advocating and encouraging the needful legislation the time is not far distant when the wish will become a living reality. Then, and not till then, will Georgia have done her duty to the great army of physicians now within her boundaries. This needful legislation consists in better protection from quacks, a higher standard for admission to the colleges and an increase in the length of sessions and in the number of years necessary for graduation. There is also a need for better collection laws for physicians. If every physician throughout the State would year in and year out do his duty this much-needed reform would be accomplished.

Mr. President, as I stand here today there comes to me in prophetic vision a beautiful scene of Atlanta at the end of another decade. I see her then as a city of vastly increased population and wealth, rivaling the largest city of the South. I see her educational institutions increasing in number and quality. I see her business enterprises enlarging and extending, and I see the strong arm of her social, commercial, intellectual and moral power extending in every direction. Amid all this progress there will be no greater advancement in any line than in medical colleges. I see her increasing in number and in the standard of her medical institutions until her medical col-

leges will be to Georgia and the South what Bellevue is to New York and the North. May this vision of hope become a scene of reality. May she continue in the line of medical progress until her medical universities will have attained the high standard of the universities of Berlin and Vienna.





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THE MORTON WATER FILTER FOR PUBLIC WORKS.

A unique and efficient filter for public water works has been lately designed by Mayor Howard Morton, of Pittsburg, Pa. It consists of a round or square basin into which the water flows through a receiving pipe from the main reservoir. unfiltered water is brought in from the reservoir to a sedimentation chamber at the bottom of the basin. This chamber has a sloping bottom of cement towards a gate, which will when raised admit of flushing out the chamber. The top of this chamber is capable of being exhausted of air and forming a vacuum. The roof of the chamber and at about the centre of the basin is covsmall ered with stones sand, supported from underneath. This allows the water an upward flow through the sand, and the filtered water appears at the top free from any germs or sediment. The advantages of an upward flow filter are apparent when is considered the tendency of bacteria to precipitate in a downward direction. The discharging pipe is placed at the top of the basin. The design is exceedingly practical.

The art of sand filtration by downward flow, as universally practiced throughout Europe and America, is unsatisfactory, inefficient, unmechanical, cumbersome and costly.

It consists of a tank with bottom drainage, having a layer of small stones covered with a few inches of gravel, on which is a layer of sand, varying in depth from 18 to 40 inches. The unfiltered water to the depth of five or six feet is permitted to flow onto the sand and every atom of mud, slime and filth, and every individual bactería contained therein, is precipitated onto the sand. It is only a question of a few days until these deposits form an impervious coating over the sand, and filtration

Should the bed start with a duty of two and one-half million gallons daily, per acre, each day will see a diminution of duty until the flow practically stops. In practice twenty per cent. of a plant is constantly undergoing the cleansing process,

which means a surplus construction to that extent.

When the filter becomes choked the water is drawn off from the top of the sand, and a proper time is allowed for its drainage. Then a force of men is put to work to remove the obstructions, and incidentally, considerable of the sand. Six days in a month, according to Hazen's work on filtration, is the time consumed in cleansing. The expense for labor is necessarily very great.

The weight of water above the sand has the effect of packing it, and impending or lessening its natural seapage flow. There is no way in present practice to overcome this

packing.

By the upward flow there is no packing of sand, and the duty is practically continuous; there is no loss of sand as by the scraping process, incident to downward filtration, and there is only a nominal cost for labor. Should it be desirable to loosen the sand, it is only necessary to admit a head of water in excess of the seapage capacity of the sand, until the particles are seen to rise and fall on the surface.

The output is fully fifty per cent. more per acre than by the downward flow, not taking into account the gain over the time lost in clean-

ing.

With muddy waters, such as the Mississippi and Ohio, downward filtration is next to impossible, while upward flow filtration deals with such waters without difficulty. With Mississippi or Ohio water, contain-

ing large quantities of mud which lacks cohesion, the filter may be cleaned by simply resting it for a few minutes, when all adhesions let go, and drop to the bottom of the chamber.

In high latitudes, where the surface is certain to freeze, it is necessary to cover downward flow filters with masonry and earth, adding fully fifty per cent. to the cost of a

plant.

With the upward flow it is only necessary to raise the height of the filtered water four or five feet above the sand, permitting the water to freeze, and drawing the filtered prod-

uct from under the ice.

This filter will easily pass three million gallons per day of average water, per acre, and the duty will be constant, not diminishing from day to day, as in the downward flow. In cases of great demand the output may be greatly increased by admitting more water, without reducing quality of the filtered product.

With the Morton upward process sedimentation by gravitation precipitates the mud, slime and other impurities to the bottom of the sedimentation chamber, and with it is carried down fully ninety per cent. of the bacteria contained in the unfiltered water. A small percentage of the impurities will attach to the slats, stones and gravel, but as soon as any considerable quantity accumulates, the dissolving action of the water, aided by gravitation, will cause them to let go and seek the floor of the sedimentation chamber.

THE EXAMINATION OF THE RECRUIT.

Divested of the sensationalism which surrounded many of the press reports sent out from the various camps, there is unquestionably much truth to be found in the counter accusations of the officers and men. Where there has been so much smoke there must have been some fire, but until the cloudiness of the atmosphere has been dissipated by correct

and accurate investigation, it will be impossible for us to judge fairly and impartially as to the causes which led to the awful mortality rate among our soldiers.

Much may be said in favor of what was done, and many truthful assertions made as to what was not accomplished. The whole question must be viewed from this standpoint. But there is one phase of the question which is peculiarly interesting to us as medical men, and that is the preliminary examination of the recruits and how it was made.

When men wish to become soldiers, dictated by motives of patriotism or otherwise, it is supposed that the examination they undergo by the properly delegated authorities should be thorough to the last de-The examining physicians should be men of large and varied experience, thoroughly well quainted with the diagnosis of disease in its protean manifestations, whether concealed or apparent, for the health of the applicant is of the greatest importance. He will be compelled to bear hardships which are seldom met with in civil life, and the enthusiastic ardor and lofty patriotic sentiments which animate his soul when the clarion cry of war sweeps through the land will rapidly evaporate before measly grub, hardtack, foul water and the other necessary concomitants of the camping ground. In order to withstand and overcome the actualities of soldier life the recruit should be in the best physical condition. If not he quickly succumbs to the various diseases which inevitably arise where large bodies of men are congregated for any length of time.

The Government should spare no expense in seeing that the applicant is fitted in every way for the hardships and difficulties of his future

career.

Disease does more to decimate an army than bullets, and a man coming home with a wrecked constitution may become a Government charge for the rest of his life. The best men physically are not too dear under such circumstances, and the most skillful physicians are the cheapest.

This is an ideal presentation of what should be done, the obverse of the picture shows clearly what has been done. While millions were expended prodigally on the one hand the most parsimonious, the most foolish economy was displayed where the expenditure of a few thousands would have been accompanied with effective results. Men were admitted

to the ranks, passed by the examining physicians, whose physical disabilities would have prevented them from engaging in hard labor at home.

And why? Because in many instances the most cursory examination was made of applicants, and for each examination the physician received the munificent sum of cents! Think of it, 40 cents to examine the heart and lungs and make an accurate diagnosis of some apparently slight lesion found there, 40 cents to thoroughly investigate the condition of a man's kidneys and discover the presence, say, of an interstitial nephritis as well as of bunions on his extremities. We stand amazed at the generosity of a government which pays 40 cents for a supposedly thorough examination of a recruit and sends him forth for a few months, to return with chronic ailment which it may be compelled to pay \$400 to alleviate.

The whole process would be considered a rich farcical comedy if it were not accompanied with such dis-

astrous consequences.

Dr. R. S. Sutton, major and chief surgeon, in a communication to the Journal of the American Medical Association states: "Among these men I found no end of hernias, many of them existing at the time of enlistment. One man had inguinal hernia and club foot. Many had severe astigmatism; some were deaf, scores of them had constitutional syphilis, and many had tuberculosis; a great many had organic disease of the heart, and a host had bad feet or bad teeth. How could a lot of physically bad men fail to make a large sick list?" Enough has been written to prove that the recruiting office was the place where the battles should have been fought, and that the thorough examination of the recruits is just as important and necessary to, in the aggregate, accomplish a successful issue as the strategy of a great general. end is not yet, nor will be until the returns come in and the Pension Department is called upon to pay out millions to the families of men who died in camps, in many instances because the physician received 40 cents for each examination. J. J. M.

ACUTE INFLAMMATION OF THE PROSTATE GLAND.

The Journal of the American Medical Association for August 20 contains a report on inflammation of the prostate gland, which was presented to the Section on Surgery and Anatomy at the forty-ninth annual meeting of the American Medical Association, held at Denver, Col., June 7-10, 1898, by Liston Homer Montgomery, M. D., of Chicago, Ill. His plan of treatment in acute inflammation of the prostate gland is to wash out the abscess cavity with hydrogen peroxid, give copious hot water enema and hot hip baths frequently, avoid morphine internally and advise care lest the patient strain at stool or during micturition. On the theory that toxins are re-

tained in the circulation and within the gland, and to prevent degeneration in the gland substance, he administers triticum repens or fluid extract tritipalm freely, combined with gum arabic or flaxseed infusion. Along with these remedies the mineral waters, particularly vichy with citrate of potash, go well together. Hydrate of chloral or this salt combined with antikamnia are the very best anodyne remedies to control pain and spasms of the neck of the bladder. These pharmacologic or medicinal remedies are the most logical to use in his judgment, while externally, applications of an inunction of 10 or 20 per cent. iodoform, lanoline, as well as of mercury, are also of value.





TWENTIETH CENTURY PRACTICE, an International Encyclopedia of Modern Science. By leading authorities of Europe and America. Edited by Thomas L. Stedman, M. D., New York City. In Twenty Volumes. Volume XV, "Infectious Diseases." New York. William Wood & Co. 1898.

The fifteenth volume of the "Twentieth Century Practice" continues the subject of infectious diseases from the preceding number. opening chapter is by Prof. Ditmar Finkler, of the University of Bonn. He cites the important epidemics of influenza since the year 1239 at length, and gives an interesting resume of the disease, especially from its bacteriological and pathological aspects. The subject matter of his exhaustive treatise occupies nearly half of the volume.

"Typhus Fever," by Eduardo Liceago, of Mexico, is next in order, accompanied by numerous temperature charts and the citation of cases.

"The Plague," by S. Kitasato and A. Nakagawa, of Tokio, is a very interesting chapter, although on a disease with which the medical profession are not versed in this region of the globe.

"Glanders," by Dr. Frank S. Billings, of Grafton, Mass., and "Anthrax," by the same author, occupies considerable space of instructive reading.

"Foot and Mouth Disease of Cattle," by Ismar Boas, editor of the Archiv fur Verdauungskrankheiten, Berlin, is a paper on a common disease of animals which is rarely communicated to man.

"Actinomycosis," by Emil Poufick, of Breslau, and "Rabies," by N. G. Keirle, of Baltimore, follow in order, while "Pyemia and Septicemia," by Drs. J. McFadden Gaston and son finish the volume.

We are glad to see so much that is exceptionally produced in a work of this kind, a factor which speaks well for the value of the work over all others.



CLINICAL SURGERY AND SURGICAL PATHOLOGY In charge of T. H. MANLEY, M. D., New York

BRIEF NOTES ON THE PRACTICAL ANATOMY OF THE SHOULDER.

By THOMAS H. MANLEY, M. D., New York.

Professor of Surgery, New York School of Clinical Medicine.

The writer has been led to undertake a brief study on the above subject, chiefly for the reason that the anatomy of those parts, as set forth in most text-books and works on surgery, is in many essentials misleading, unsatisfactory and indefinite; nor can one find in any published work a full and accurate description of the structures within the shoulder-girdle, or those structures contiguous to, or in juxtaposition with, it.

At the present time, when the remarkable advances in the science and art of surgery have permitted the inclusion of every structure in the complex mechanism of the shoulder within the domain of radical surgery, in order to take proper advantage of this, something more than a general knowledge is imperative, where precision and accuracy are required. Until the Listerian epoch few, if any, operations, except disarticulation or amputation at the humero-scapular joint, were essayed. But now, that precision in diagnosis, painless operating and freedom from the dangers of infection are possible, and since our knowledge of osteoplastic procedures has been greatly extended, the shoulder is one of those exposed regions of the trunk to come within the range of aggressive surgery for the relief or cure of many lesions or diseased conditions, which in the near past were regarded as hopelessly incurable.

Mode of acquiring special or practical anatomy.—We acquire a knowl-

edge of practical anatomy of a region in various ways:

(1) By the aid of treatises on anatomy. This affords us but a relative and indefinite knowledge, because many illustrations are defective, because different authors give different names to the same structure, and, finally, because deviations in development are found in nearly every subject.

(2) Dissection on the cadaver—dead anatomy—is the most valuable of all methods in the study of an-

atomy.

(3) The study of the living anatomy is something too much neglected, but of great value. In muscular subjects, devoid of much fat, muscular movements at the shoulder may be studied with advantage.

(4) A study of comparative anatomy, combined with dissection of the lower animals. No one can pretend to a general knowledge of anatomy who has not given some attention to this side of the subject.

(5) By vivisection only can we learn physiological anatomy. This is of inestimable value, if for no other purpose than acquainting ourselves with the mechanism of the parts in motion. Surgical operations are a species of vivisection, and hence, the oftener the surgeon operates the better practical anatomist he becomes.

All of the above is germane to our subject, for, everything else considered, the more thorough anatomist the surgeon is, the more valuable his opinion and successful his treatment of shoulder or other lesions will be.

Physiological Anatomy of the Shoulder.—The shoulders in man hang suspended from the spine. They afford shelter and protection to the viscera of the upper areas of the thorax; defend the cranium, spine and chest against injury, and are concerned in prehension.

A striking peculiarity here is the triple arrangement, the vicarious function of various structures, and atypical construction—three special

and definite characteristics.

Thus, there are three bones in the skeleton of the shoulder, three joints, three large superficial muscles, each with three separate heads or origins for the superficial layer; there are three large nerve-cords in the brachial plexus, below the clavicle.

The central segment of the deltoid muscle is rich in fibrous tissue, as is the brachial plexus, and hence both serve as auxiliary ligaments.

All the joints are singularly atypical; the costo-scapular, possessing neither synovial membrane nor ligaments; the humero-scapular, being without independent ligamentous support, and the clavicular scapula having no muscular investment.

The shoulder is so placed and so constructed as to afford great resistance to violence to the upper part of the trunk; a mobile, osseo-muscular structure, it is well calculated to sustain the impact of great violence and deflect it with comparative impunity.

The marked and complex mobility of the shoulder is a most salutary provision against serious injuries.

When time or warning permits, in an instant the shoulder on one side, or both, is instantly fixed in such an attitude as to best divert the impending shock from the body. It is, therefore, a powerful movable shield.

The Shoulder Skeleton.—The scapula or omoplate serves for the insertion of those muscles which move it, and secures a fixed fulcrum for the leverage of the humerus. Its neck and apophyses are quite exclusively concerned in providing lodgement for the head of the humerus, and given origin to those muscles which act on it.

The clavicle or collar bone presses the scapula away from the central plane of the body, and contributes to the square outline of the shoulder. It therefore serves the purpose of a horizontal prop, but in no manner contributes to strength or motion, as it is wanting in those quadrupeds of the greatest power and agility, and, moreover, it has been lately demonstrated that its excision but slightly, if in any degree, impairs shoulderaction.

The humerus, by its greater tuberosity or outer head, imparts a fulness and rotundity, continuous with the sloping ridge of the acromion process. The large humeral head, the inner or articular, has but a narrow, nearly flat surface to move on; yet, its indirect osseous cavity is spacious, and hence the head of this bone is more deeply lodged than that of any other shaft in the body.

The articular head of the humerus, in the erect attitude of the body, is inclined inward and forward, and has a very wide range of action.

Three points of great practical importance should be carefully noted in the above, viz., that there is no shoulder-joint, but shoulder-joints; that there are two heads at the scapular extremity of the humerus, the external, the greater tuberosity, being susceptible to palpation, the true articular head being always deeply concealed, and that the clavicle is not essential to full functional strength of the shoulder.

The Humero-Scapular Joint.—This articulation presents several remarkable features in its anatomical construction.

- (1) In being an articulation of great strength, and yet having almost no articular surface for the humeral head to play on.
- (2) While the head of the humerus comes directly in contact with only a narrow, nearly flat, osseous surface, yet above and posteriorly it is well sheltered and powerfully protected by the broad, osseous plate of the acromion process.
- (3) The capsule is remarkable for its looseness, elasticity, capacity and toughness. It receives many aux-

oun; hits shouth description the tendon of the subscapularis, the teres minor, and the dense aponeurotic development over the acromion process.

- (4) So wide a range of action is permitted the humeral head that without the acromio-coracoid arch and the corocoid process the tendency to anterior displacements would be greatly augmented.
- (5) The articular head of the humerus is maintained in complete position by a single muscle and no accessory aids, as ligaments, atmospheric pressure, or peculiar joint-construction.

The Acromio-Clavicular Joint.— This articulation is an integral component of the shoulder mechanism, though not indispensable to its functional use, and hence, probably, why it is generally so briefly considered by authors on anatomy.

Like the humero-scapular joint, it anatomically is atypical. The head of the clavicle plays on a flat osseous surface. A distinct meniscus divides the capsule, and the articulation is entirely ligamentous. joint derives much support from the dense aponeurotic expansion which extends over the acromion process and blends with the trapezius and deltoid. Its position is further secured by the subclavian, the pectoralis major, and deltoid muscles. This articulation permits such a range of motion that the whole shoulder may be carried towards or from the central plane of the body without any change occurring in the vertical axis of the humero-scapular joint.

The most remarkable features associated with or which follow dislocation at this articulation are (1) that they are liable to be overlooked, or difficult to detect in fleshy subjects; (2) they are generally irreducible, and (3) if irreducible, they seldom very seriously impair function.

Much has been written about the difficulty of recognizing dislocations at the shoulder; but this controversy can only be settled by an appeal to physiological anatomy; when we must recognize that there is such a state as physiological dislocation, and

such a condition as incomplete dislocation, when the articular head of the humerus has separated from the glenoid fossa, partly, but it is yet within the capsule. Strictly speaking, the articular head is somewhat displaced, but there is no true dislocation.

It is time, in the interest of science, that anatomists and surgical teachers explain what they mean by the "head" of the humerus. Which head? The external head or trochanter, being superficial, while the articular or internal, the true head, is everywhere quite impossible to detect by palpation.

These few and many other anatomical points must be now fully and definitely elucidated by anatomists before anything like a precise knowledge of those disorganizations involving the shoulder is possible.—Extract from University Medical Magazine, September, 1898.

THE DANGERS OF RECTAL OPERATIONS.*

By JOSEPH M. MATHEWS, M. D.,

Were a patient to ask: Is there any danger in operating for internal hemorrhoids? You might likely very flippantly reply: "No, there is no danger." At the Cincinnati meeting of the American Medical Association, I reported 2000 operations for hemorrhoids without a single death; but on my return from that association I lost a beautiful woman from the simple operation for internal hemorrhoids. If you lose one patient in 3000 you cannot say that the operation is devoid of all danger; since there is always the risk of (1) hemorrhage; (2) sepsis, and (3) contraction of the anal orifice.

Not long ago a man died during the night from hemorrhage after he had had a couple of internal piles ligated at the Louisville City Hospital and even the great authority, Dr. Samuel D. Gross, reported a sim-

^{*}Report of a clinical lecture delivered at the Kentucky School of Medicine Hospital.

ilar experience. True, it might not happen once in 500 operations; but there is always the risk of inadvertently dividing a very important artery while making the incision for the ligation method of removing piles. If seen in time twisting, torsion, pressure, application of hot water, etc., may stanch the bleeding, but it is quite possible that the bleeding point may escape discovery till too late to check it.

There is a great distribution of nerves and lymphatics around the rectum and no matter how small the incision round the base of a pile, it is still an exposed wound in which a septic condition may ensue either from inflammation or from the pass-

ing of fecal matters.

On one occasion I ligated seven large hemorrhoids in a young lady. Good recovery followed; but ten days after I had discharged her, her father came to me saying that though she had taken purgatives, etc., and desired to go to stool, her bowels could not be moved. On examining her I found that the hemorrhoids had sloughed off, and the surface of their sites had united completely, and absolutely so as to totally occlude the anal orifice. As there are traumatic strictures not involving the sphincter ani all that is required is to introduce the speculum or dilator and break down the adhesions.

Simply dividing the main channel will never effect a cure in many cases of fistula in ano, where you have to search with your probe for additional channels which often run in all directions and sometimes in close relationship to the urethra or perhaps under an important artery distant from the anus. Division of the main tract in such cases is dangerous, by reason of injury to adjacent structures or organs, but chiefly by division of the sphincter muscle which refuses to be repaired, and you have to choose between finishing your operation or not. I would much rather do a half-way operation and fail to cure the fistula in ano than divide the sphincter and condemn the patient to life-long fecal incontinence. Never stretch an incomplete or crippled sphincter during the operation and above all never divide that muscle more than once. There is no sense in dilating, stretching or breaking the sphincter previous to laying open the fistula, as you will have to divide the sphincter muscle in doing the operation for fistula.

-The Indian Medical Record.

Note.—Well said, Dr. Mathews, to give us some trouble; for all operations for piles requiring free division of the blood-vessels are hazardous procedures, but we cannot subscribe to the statement that simple division of a fistula alone will never cure it, as this measure will often suffice in many cases.

HONEST SURGERY.

No surgeon should undertake an operation until he has carefully weighed the probable result to his patient. A remark like this seems almost superfluous and uncalled for, but to the shame of many workers in surgery, it must be admitted that too frequently the future welfare of the patient is entirely overlooked. Particularly is this so in hospital work, for the zealous surgeon, in his desire to operate on many cases, sees only the indication for operation. And without taking into consideration the condition of his patient, or the probability of ultimate success, he performs an operation which, though successful from an operative point of view, in its remote results leaves his patient in a worse condition than Faultless technique and primary union are not the only elements of a successful operation. Justifiable surgery is that which first and foremost considers the patient's welfare. Will the results of operative treatment, both immediate and ultimate, be sufficiently beneficial to justify the risk and inconvenience to the patient? It seems to us that the answer to this question should alone determine the decision of the surgeon to operate or not to operate. surgeon who regulates his operative work by the above question may feel that he is not only true to his professional calling, but just to his own manhood and character.

-Vermont Medical Monthly.

EXTREME OPERATION FOR PROCIDENTIA.

Martin considers that an operation for the cure of complete descent of the pelvic organs as the ultimate result of long-standing uterine prolapse must be very thorough if undertaken at all. He recently operated on an old woman of 78. The prolapse began after a first labor, and her last occurred many years ago. The bladder was quite outside the vulva. There was a huge rectocele including besides the usual of the anterior diverticulum part of the lower third rectum itself, the rest the rectum and much of the large intestine above it. This descent of large intestine involved the formation of a capacious pouch full of small intestine, and was constricted at the vulva, so that there was a true "neck" as well as a true perineal sac. Martin set to work to extirpate the whole vagina. teriorly this was easy; its thickened wall was dissected off the bladder, which was pushed upwards, then the uterus and appendages were removed with little difficulty. recto-vaginal septum gave, on other hand, much trouble. Martin set to work to separate the rectum from its anterior connections. He dissected till he reached the peri-Then he pushed upward toneum. a long segment of liberated gut, and sutured a line of rectal tissue, at a reasonable distance from the anus, to the very small fringe of vaginal tissue which he had left around the vulvar orifice. He admits that a "fearful" gap was left to fill in. For-tunately the integument in the aged patient was so lax that he could draw it inwards from around the vulva, and suture it so as to close in the rectum, support the mass of viscera and obliterate the vulvar orifice, leaving open room for the urinary meatus. Yet there appears to have been no abnormal tension on the skin thus employed as a pelvic diaphragm. The patient passed urine naturally from the first, and stood upright, contrary to orders, on the second night. On the twelfth day it was difficult to keep her in bed. The skin had healed rapidly and supported with ease the bladder and intestines, no heavy, diseased internal genitals being left to bear downward.

-Zeitschr. f. Geburtsh u. Gynak., Vol. xxxviii, Part 2, 1898.

CYSTIC FIBROMA OF THE ROUND LIGAMENT.

Bluhm describes a tumor removed from the round ligament. The patient was a housemaid, aged 20; she suffered from a painful swelling in the right inguinal canal, apparently a gland or hernia of the ovary. The swelling always increased shortly before the period and subsided after-Its removal was not very difficult, and it was found to grow from the right round ligament. That process of the uterus bore a central canal, which was pervious for half an inch backward, and ended anteriorly as a cyst in the middle of the tumor. On removal the tumor, as big as a plum was seen to be partly cystic; the cysts were very irregular, and, in fact, were rather lymphangiectases. The solid material was fibrous tissue with a few connective tissue cells, and here and there were strands of plain muscle cells. There was a capsule consisting of con-nective tissue, rich in fat and striated muscular fibres. Besides, the lymph spaces there were numerous glandular structures, which Blum traces to the Wolffian body. Cullen, Martin and Pfannenstiel have recently recorded similar cases.

-Archiv. f. Gynak., Vol. lv, Part 3, '98.





PRIOR REMOVAL OF OVARIES GROUND FOR ANNULLING MARRIAGE.

The exceedingly novel and important question was raised in the case of Wendel vs. Wendel, whether the husband is entitled to the annulment of a marriage contracted without knowledge on his part that his wife was physically incapable of conception as the result of a surgical operation, such as the removal of her ovaries, known to her, but concealed from him. Section 1743 of the New York code of civil procedure provides that an action may be maintained to procure a judgment declaring a marriage contract void, and annulling the marriage, among other causes existing at the time of marriage, where one of the parties was physically incapable of entering into the marriage state. In deciding the question presented, under this provision, Mr. Justice Hirschberg, of the special term of the Supreme Court of New York, Kings County, follows, in part, this line of reasoning: Was the defendant wife, at the time of the marriage, physically incapable of entering into the marriage state, within the meaning of this statute? The answer depends in great measure upon what are recognized by law as the objects and purposes of mar-If sexual intercourse alone is so recognized, then it must be conceded that the defendant in this case was physically capable. But the creation of a family is also regarded as one of the chief purposes of a matrimonial union, and it is difficult to see how an individual can be physically capable of performing the contract who has lost the organs essential to conception. The question

is different from that presented by sterility or barrenness. It is well settled that a marriage will not be annulled for the mere barrenness of the wife. Not only is such a condition and its continuance difficult, if not impossible, to prove, but its existence, if established, may not be innate, but only peculiar to an inharmonious combination. In such cases, whether the power to conceive or to impregnate be at issue, the question of the condition and its permanence rests on hypothesis and speculation, and is practically beyond the pale of judicial scrutiny. Impotence in such cases is the sole and settled ground of nullity. Continuing, the Judge says that it seems to him that the question is vitally distinct where the barrenness is absolute; is not a constitutional quality or a functional failure, but a physical incapacity, resulting from congenital malformation or the total loss of the organs of conception by disease or the surgeon's knife. So he holds, December, 1897, that a person destitute of child-bearing organs is physically incapable of the chief and higher purpose of matrimony, and consequently of entering the marriage state. And it follows, he holds, that in concealing from the husband the fact and extent of her misfortune the defendant in this case procured his consent to marry her by fraud, which constituted a good ground for divorce. But had the plaintiff married her with knowledge that the surgical operation performed on her involved the removal of her ovaries he would, of course, be estopped from action because of her physical condition. The fact that in this case the prospective husband had asked whether she was

physically and mentally capable of being a wife, and that the Judge says that good faith required that she should have then disclosed the fact that the surgical operation involved the removal of the ovaries, perhaps casts some doubt on whether the Judge would have decided as to the fraud and divorce therefor as he did, though his reasoning set forth would seem to have required it, had not the inquiry been made of her.

—Jour. Am. Asso.

THE GREAT OMENTUM.

Adami (Phila. Med. Journ., 1898, vol. i, p. 375, and Canad. Pract., Toronto, March, 1898) has carefully examined this structure in 150 consecutive autopsies. The considerable variations in size which it may show are often more apparent than real, unusually small sizes being often due to a reveling of it, and unusually large sizes to a much distended stomach. Its vascularity is greater than the membrane itself requires, and thus it readily plays an important part in inflammations of the abdominal organs. It quickly and frequently forms adhesions, and readily shifts its position, so that it can readily apply itself to an inflamed area, and, becoming adherent to it, thus limit and shut off inflammation or suppuration from the rest of the peritoneal cavity. It readily pours out lymph and leucocytes upon its surface which must favor adhesions. This power is largely lost in very acute disturbances, such as typhoid fever, and in some exhausting diseases, when serous rather than fibrinous exudation obtains. He gives particulars of the position of the local adhesions met with out of his 150 cases. It is interesting to note here that in a recent paper, Roger (Compt. rend. Soc. de biol., Paris, February 19, 1898) considers that the great omentum has a distinctly protective role. He removed it from rabbits, and one month later inoculated them with staphylococci, and they all died, whereas similar inoculations without previous removal of the omentum did not prove fatal.

-Edinburgh Med. Journal.

THE TREATMENT OF DYSPHAG-IA IN LARYNGEAL TUBER-CULOSIS.

DR. EUGENE S. YONGE.

The author, in the first place, refers to the principal causes of dysphagia in laryngeal phthisis. He divides the the treatment of this symptom into two parts—that by drugs and that by other methods. The relief of dysphagia by drugs hinges largely on the selection of the most suitable local anesthetic, and a substance to lay claim to this distinction should be strongly anesthetic, prolonged in action, devoid of marked toxicity, not specially disagreeable to taste, and not costly. The author has carefully tested a series of fifteen local anesthetics, on the one hand to determine their relative power of relieving pain—five per cent. solution of cocaine being taken as the standard—and on the other hand to ascertain their suitability for the assuagement of the symptom under discus-He concludes that there is no ideal drug of this class which is applicable to every case, but the following appeared suitable under various circumstances and generally effective: Cocain, antipyrin, eucaine, orthoform, carbolic acid, guaiacol, ice, morphia (with or without iodoform) and paramonochlorphenol. Holocaine, aneson, aconite and tropacocaine did not prove satisfactory, either from feeble action, toxicity, expensiveness or combinations of these disqualifications. Cocainecataphoresis, or the deep diffusion of the drug, by means of the galvanic current, is still sub judice as regards its application to laryngeal dysphagia.

In the presence of ulceration any of the above-mentioned remedies may be applied, but when loss of tissue is absent only cocaine, antipyrin, eucaine, carbolic acid and ice are available. With perichondritis antipyrin has certain advantages, in that it lasts longer than cocaine, and the quantity required to produce analgesia has never, to the author's knowledge, given rise to toxic symptoms. A mixture of cocaine and antipyrin, or cocaine and carbolic acid, may be recommended when the

former drug has to be used for considerable periods, the total effect of the cocaine being strengthened without a corresponding increase of that substance. Iced solutions of cocaine (five per cent.) appeared to be at least double the strength of solutions at the ordinary temperature. Morphia and iodoform gave modified relief, in extensive ulceration, for several hours. Orthoform, when applied to a (cleansed) larvngeal ulcer, produced, in the great majority of cases, complete relief, beginning in a few minutes and lasting several hours. No toxic symptoms have been observed. The drug appears to possess decided advantages over cocaine in ulcerations of the upper air passages owing to its anesthetic power and prolonged action not being coupled with a perceptible degree of toxicity—an advantage of some moment in regions where a drug becomes quickly absorbed. Guiacol (with or without menthol) has well-known sedative and antiseptic properties in mild degrees of ulceration. Eucaine (a) is weaker and less toxic than cocaine, but, in the author's opinion, its principle indication appears to be when there is an idiosyncracy debarring the employment of cocaine. Solutions of paramonochlorphenol in glycerine produce decided anesthesia after a preliminary period of rather severe smarting; it has also a curative action, in which it resembles submucous injections of guiacol. The latter is contraindicated when there is any considerable amount of edema.

Of methods other than drugs, there may be considered the prone position, recommended by Wolfenden, to be adopted in taking nourishment; the imbibition of semi solids; the esophageal tube; rectal feeding, and lastly, surgical measures. The author prefers rectal feeding, in exceptionally severe dysphagia, to the esophageal tube, owing to the distress and disturbance to the parts caused by its passage. He has had no experience of curettement, arytenoidetomy, or epiglotdectomy, for the relief of painful deglutition, because he has not yet encountered a case of dysphagia, uncontrollable by other measures, in advanced

phthisis, in which the state of the lungs and the general condition of the patient was such as to permit the consideration that surgical interference would be successful, or even justifiable.

-Journal of Laryngology.

THE TREATMENT OF PELVIC SUPPURATION.

Dr. Joseph Tabor Johnson (American Journal of Obstetrics) advocates the vaginal route in operating upon cases with pus in the pelvis. He brings out the following points: 1. The vaginal section is very much more quickly done than the abdominal, and the convalescence is much shorter. 2. There is little or no shock. 3. The peritoneal cavity being seldom opened in these cases, except when hysterectomy is done also, much less traumatism occurs to intestines, bladder, ureters, omentum or abdominal wall, to greatly prolong difficult and angerous operations. 4. Drainage, being downhill, is not opposed by the laws of gravity, and is more natural, safe and copious. 5. There is no ugly scar to annoy the eye and develop a painful keloid or permit a ventral hernia. 6. The mortality of the vaginal operation for pus is vastly less than in that of enucleation of tubo-ovarian abcesses from above in the badly adherent and complicated cases. 7. Experience has abundantly proved in more than a sufficient number of cases that the removal of the abscessed organs is not necessary to a symptomatic cure, and that a permanent and complete restoration to health is the rule, while a secondary operation later on is the exception. 8. Should a secondary operation from above become necessary, its performance would be much easier and safer, on account of the freedom from pus and the improved condition of the patient. 9. The perfection of the operation for draining double pus tubes through the vagina has opened the way for many other beneficent operations from below, including anterior and posterior colpotomy, explorations, hysterectomy, etc. 10.

Many patients who fear and will not consent to coeliotomy with its possible accidents, including intestinal injuries, the post-operative sequelae and the scar, the stitches, the bandages, the troublesome supporter for six to twelve months, and the possible hernia, will readily consent to vaginal incision and drainage, and vaginal hysterectomy when necessary. 11. Vaginal hysterectomy with the ovaries left in situ is followed by much less nervous and physical disturbance than when the ovaries are removed and the uterus left, or than when they are all removed at the same time. 12. If any or all of these advantages are admitted in favor of the vaginal operation over the abdominal, then it must follow that it is our conscientious duty to operate by this route more frequently in the future than we have done in the past.

INDICATIONS FOR THE OPERA-TIVE TREATMENT OF HEPATIC TUMORS.

Terrier and Auvray (British Medical Journal), in considering the indications for operative interference in cases of tumor of the liver, point out that the opportunities afforded to the surgeon of intervening in such cases must be regarded as very rare.

In cases of hepatic tumor the growth is secondary, and an index of generalization of disease, starting in some organ more or less remote from the liver. This conclusion applies not only to malignant disease, such as carcinoma and sarcoma, but also to lymphadenoma, which ought to be considered, in a large majority of cases, as the local manifestation of a general malady needing an exclusively medical treatment. In most cases of primary cancer of the liver there is a local multiplicity—that is to say that, though the liver is the only organ affected, the growths are multiple and disseminated throughout the parenchyma of the gland. It is a necessary condition of success for the removal of any hepatic tumor that the growth be a single one, and also that it be situated at a part of the liver that is readily accessible. It would not be justifiable to attack

any tumor deeply situated in either of the two large lobes of the liver. condition favoring extirpation would be the presence of a pedicle. regard to therapeutical indications, therefore, the seat of the disease in the liver, the absence or presence of a pedicle, and the existence of one or several growths, would be facts of the first importance. The removal of a tumor presenting the abovementioned favorable conditions for operative interference would still be contra-indicated if such tumor had contracted close adhesions with the abdominal wall or the surrounding abdominal viscera. The authors conclude that a hepatic tumor, whether benign or malignant, may justifiably be removed if it be single, readily accessible, possessed of a pedicle, and free from adhesions to surrounding structures. The prospects of success are least favorable in cases of cancer, on account of the probability of relapse. In the liver, however, as in other organs, a centre of infection constituted by a malignant growth ought to be suppressed, and even in cases in which extirpation would be impossible, a palliative operation cholecystostomy, for example would be indicated, with the object of relieving functional disturbances and of so prolonging the life of the patient.

WHO'S THE EXECUTIONER? By JOSEPH ALAN O'NEILL, M. D., New York, N. Y.

A generation ago the public hanging of a murderer was thought to have a deterring influence upon degenerates with homicidal tendencies and was therefore sanctioned more as a prophylactic than as a penalty. In our day, however, criminologists are agreed that spectacular executions tend rather to increase than to diminish crime; hence, in several States, the hangman and scaffold have been supplanted by the electrician and the death-chair.

New York was the first State to use electricity for inflicting the death-penalty, and the killing of Martin Thorn, at Sing Sing, August 1, marked her forty-sixth "successful" execution. It was my privilege to be present at the Thorn execution and, also, at the autopsy which immediately followed. I wanted to examine Thorn just before death; but this the warden could not permit me to do, as the law forbids any but the prison physician to see condemned

prisoners.

As he entered the death-chamber Thorn gave one frightened glance around the room, then walked quietly over and sat in the chair. He displayed no emotion, beyond a religious exaltation which evidently distracted his mind from his surroundings. He voluntarily moved his right leg into a position to facilitate the application of the electrode, and offered not the slightest resistance when his head and hands

were strapped into position.

At a sign from the warden, the electrician closed a switch. There was a lightning tetanic contraction of every muscle in Thorn's body. The current was turned off at the end of a minute and the body sank limp in the chair as far as the straps would permit. There was a blowing sound like the neigh of a horse, saliva came from the now open mouth and the carotid artery began to pulsate. Again the current was applied and again the body became rigid. For thirty seconds this second current was maintained, then I was allowed to make an examination. The law does not permit any attempt at resuscitation, but the warden said I might make any reasonable tests to make sure that Thorn was really dead.

The phonendoscope revaled neither respiration nor heart beat, but in the carotid artery I felt a distinct thrill which probably was caused by the gravitation of blood from the head to the trunk. There was a slight contraction of the left pupil upon touching the cornea and the cremasteric reflex remained active for half an hour. Post-mortem lividity appeared very soon in the dependent parts of the body. He was apparently dead, but putrefication, the only positive sign of death, was of course absent. Yet there was an immediate autopsy.

The law requires the post-mortem mutilation. It is, in fact, a part of

the penalty; for, as it reveals no cause of death and teaches nothing of interest to science, it is evident that its purpose is to complete the killing. If this is true, then that section of the law relating to the autopsy should be repealed at once. If the convict is dead, he will stay dead, without the autopsy. If he is alive, then the autopsy is a crime that outrages all decency, a crime a thousand times more horrible than the homicide for which the convict forfeits his life.

Humane undoubtedly motives prompted the enactment of the existing law, but as long as the clause requiring an autopsy before there are positive signs of death continues a part of the penalty, humanity will receive a shock from each succeeding execution. To be hanged, drawn and quartered, was the sentence of the middle ages. To be rendered helpless by an electric shock and then disembowled by doctors, before the body is cold, is the decree of our twentieth century Courts. The physician is not expected to pass upon the merits of capital punishment, but the profession at large should protest vigorously against performing the legitimate functions of a hangman.

The Atlantic Medical Weekly, Sep-

tember 17, 1898.

NOMA OF THE VULVA.

Freymuth and Petruschky report a case in a child aged three years, in which the diphtheria bacillus was found, and which was treated with the serum. The child was admitted on February 2 with recent measles. There was much hoarseness and considerable dyspnea. On February 5 an extensive noma was observed in the external genitals. Cultivation experiments revealed, besides other microbes, one exactly resembling the diphtheria bacillus. The dysphagia along with the laryngitis, rhinitis and noma also suggested a mixed infection of measles and diphtheria, and therefore Behring's serum was injected. The child gradually improved, the slough separating from the vulva. It received in all 6000 immunity units, and made a good recovery. Freymuth states that previous researches have shown noma to be due to various microbes. In the above case it was the diphtheria bacillus. Later in the disease exudation was observed on the uvula and palate. Freymuth insists that noma may thus sometimes be treated with success with the serum, and he is convinced that this was the case The prognosis of noma has hitherto been none too favorable, a third of the cases recovering. He thinks that if a bacteriological examination is made the number of cases due to the diphtheria bacillus will be found to be considerable. Petruschky concludes the paper with an account of the very thorough bacteriological examination made in the above-described case.

-Deut. med. Woch., April 14, 1898.

PUERPERAL LACERATION OF RECTUM ABOVE SPHINCTER.

Gmeiner observed a case of this kind last December, all the more remarkable as it occurred in a young primipara aged 21. On October 1 she had been carefully examined. The upper part of the vagina was very raw, though there seemed to be hardly a definite papillary colpitis present. In other respects all was normal. The last period was on February 20, 1897. On December 6 the pains set in at 7 P. M., and the patient was admitted into the German University Maternity at Prague. The vertex presented in the first position, the os admitted the tips of two fingers, the membranes had not ruptured. Twenty-four hours later the os admitted three fingers; the patient was put in a warm bath for half an hour, then strong pains set in. The waters broke at 2.45 A. M. on December 8. The pelvis was capacious, the head came down quickly. Twenty-five minutes later it was seen that a jet of liquor amnii escaped from the anus during every pain. In order to prevent further laceration, which would have involved the perineum, sphincter and nearly the whole of the recto-vaginal septum, a free incision was made into the right labium and vaginal wall above it, and delivery imme-

diately followed without any more damage. The child was a male, six pounds, six ounces in weight, and nearly 20 inches long. The cranium was normal. The placenta being delivered, the rectum was washed out with Condy's fluid, some returning by the vulva. On examination a deep rent was detected along the right side of the posterior vaginal column, reaching almost to the cervix, and in its deepest part were three curious little perforations into the rectum, each large enough to admit a pea, and arranged in a triangular manner, each a finger's breadth from the other. They were at once closed with catgut; the wide rent in the vaginal mucosa was next covered in by deep and by superficial catgut sutures, whilst the surgical incision was repaired with interrupted silk sutures. The catheter was needed for five days. At the end of a fortnight the vaginal and rectal wounds were The damage which quite healed. chronic inflammation had inflicted on the vaginal tissue accounted for the laceration happening in a normal labor, where the second stage did not last half an hour. In one of the two other cases recorded where the rectum was lacerated above the sphincter, the head had been fixed in the outlet for 24 hours before the laceration occurred (Reignier), whilst in Piering's case, where the prolapsed hand entered the rectum, the patient was a primipara aged 41. -Centralbl. f. Gynak., No. 10, 1898.

VENESECTION IN PUERPERAL ECLAMPSIA.

Van Roojen was called in to a case of severe eclampsia following delivery. There were convulsions, albuminuria, edema and cyanosis. He opened the median cephalic vein and bled to 400 g. At once the patient began to improve, and no more fits occurred, although at the end of a month an hysterical attack was noted. An injection of 20 mg. of hydrochlorate of morphine was given after the bleeding. The improvement in the pulse was very distinct directly the heart had been relieved of a greater amount of blood than it

Lambinon, of could easily impel. Liege, also reports a case of puerperal eclampsia successfully treated by venesection.

-Journal d'Accouchements, of Liege, May 29, 1898.

EXTRAUTERINE PREGNANCY AT FULL TERM.

Swift reports a case of this rare condition. The patient, aged 34, had been married 18 months. vears before she had had some pelvic trouble, which was called ovaritis, and confined her to bed six weeks. Last regular menstruation was January 21, 1897. The February period was only a slight show, symptoms of pregnancy beginning at about the same time. On March 26 she had a sharp attack of pain in the abdomen, resembling the former attacks ovaritis, and she was miserable for six or eight weeks. There were no symptoms of collapse with this attack, but a good deal of nausea, attributed to the pregnancy. She was first positive of feeling motion in July, and this grew stronger up to November 19, since which time it had entirely ceased. During the last two months the motion was said to have been very violent, and thought the child at times must have been in convulsions. This motion was perceptible to friends through her clothing, and when lying in bed would move the bedclothes. fetal heart sounds had been heard from time to time by her physician. On November 19, at the closet, she felt a sudden gush of warm fluid from the vagina; there was no appearance of blood. Throughout the rest of the day there were regular but not severe pains. After that all motion of the child ceased, and she noticed that she was getting smaller. The breasts became hard, large and painful, and then gradually subsided. A week later her physician called and diagnosed the death of the child. After waiting a week, there being no sign of labor, he inserted a catheter into the uterus with the idea of inducing labor, but this not being effected, Swift was called in to empty the uterus. He diagnosed

extrauterine gestation, with pseudolabor and death of the child, and advised waiting, to minimize chances of hemorrhage from the placenta. On January 3, 1898, he operated. The child was easily delivered. In one place the side of the head was firmly adherent to the sac, which was attached to the intestine. The placenta was only attached to the upper edge of the broad ligament, probably the tube, for this could not be distinguished except where it left the uterus, and here it was much thickened. The patient made a good recovery.

-Boston Med. and Surg. Journ., May

EMPHYSEMATOUS VAGINITIS.

Fedorotskaia-Viridarskaia reports an instance of this vesicular affection of the vagina, which is in most cases associated with pregnancy. The vesicles are full of gas and are mostly situated in the posterior vaginal wall. They vary in size from a pin's head to a pea, and lie in the submucous connective tissue. Eisenlohr traces this disease to the agency of microbes. He obtained pure gelatine and agar-agar cultures, slightly alkaline. As long as it remained alkaline a culture gave out a gas which seemed to be trimethylamine. Fedorotskaia's patient was in the fifth month of pregnancy. She was feverish, and had rigors and show of blood. The vagina looked as though its veins were varicose; this appearance was due to numerous vesicles, chiefly in the upper and posterior part of the vaginal wall. Anteriorly and laterally the vesicles were scanty and very small. The fact that they contained gas was proved by pricking them when the vagina was filled with water, bubbles of gas at once escaping. The bag of waters was intact, but abortion set in. The vagina was washed out twice daily with a 1 in 2000 sublimate solution. At the end of a fortnight the vesicles had entirely disappeared. It remains uncertain whether the cure was due to the injections or to the cessation of gestation. -Ann. de Gynec. et d'Obstet., May, '98.

CICATRICIAL ATRESIA OF OS UTERL.

Boissard reports a case which occurred at the Maternite, Paris. The uterine cavity had been swabbed and chloride of zinc applied to the cer-A few months later the patient returned, complaining of severe abdominal pain. The uterus was very bulky and fluctuated. Not a trace of an os externum could be The uterus was punctured found. from the vagina and a tumblerful of dark blood escaped. A new os was made by incision, and the wound carefully sutured on each side of the cervix so as to prevent it from closing again over the cervical canal. The cervix has remained open. Bar, in a discussion on Boissard's case, noted an extreme instance in his own experience. The cervix was entirely buried in a scar, the result of a previous confinement, and hysterectomy had to be performed.

-Gaz. Hebdom. de Med. et de Chirurg., April 21, 1898.

REPEATED EXTRAUTERINE PREGNANCY.

Dorland records a case of this rare condition. The first tubal pregnancy occurred on the left side, in a patient aged 28, who had four children, the eldest 6 years and the youngest 15 months. She was operated upon at about the seventh week, and the embryo was found within the tube. Her second tubal pregnancy occurred 20 months later, on the right side. At the operation the condition was found to be an instance of Bland Sutton's tubal abor-Dorland has found that 16 cases besides his own are on record, including one just lately reported by Schoolfield. He gives complete references.

-Amer. Jour. of Obstet., April, 1898.

PRECOCIOUS PUBERTY.

De Vlaccos gives a full report of a distinct instance of this phenomenon, with a photogravure of the patient. She was born in August, 1892, and has all the appearance of a child aged 10, excepting that as far

as the genital and mammary regions are concerned she is yet more demeasures veloped. In height she three feet eight inches; her weight is three stone eight pounds. The hair of her head is very abundant, whilst her intellectual development is not above her years. When six months old a bloody vaginal discharge was noticed, and it returned in about six weeks. The interval steadily became shorter, and now the catamenia are monthly, lasting for about four days, the child becoming depressed in spirits at each period. The mammae resemble those of a girl of 17, and not only has hair grown on the pudenda, but much subcutaneous fat has developed in the region of the thighs and nates as normally occurs puberty.

-Ann. de Gynec. et d'Obstet., Mar., '98.

OX BILE IN BILIARY LITHIASIS.

Gautier has tried ox bile internally in biliary colic. Prevost and Binet in 1888 concluded that bile was the most powerful cholagogue, and Schiff in 1873 recommended sodic cholate as a prophylactic against biliary lithiasis. cholate of sodium is expensive and difficult to prepare Gautier had an extract of bile made. The bile is decolorized to get rid of the toxic coloring matter (especially bilirubin), and then sterilized at 104 degrees to 105 degrees C.; 100 g. of bile produce 10 g. of the extract. Of this latter he gives 10 to 20 centigrammes (one and one-half to three grains) in pill or capsules, twice a day after They may be continued for years, or given intermittently whenever there is any sign of colic. The results Gautier has obtained in several cases have been brilliant. cannot, however, be regarded as a certain preventive of colic, since if the gall bladder is full of stones it does not cause them to disappear, though its effect will be evident later —that is, it prevents the formation of fresh calculi, and when those already present have been passed the trouble will be over. The treatment is also to be recommended after operations for the evacuation of calculi to prevent relapses. Thus it is

most important to be able to recognize cases early before many stones have been formed. A form of colic, which is very liable to be overlooked, simulates gastralgia (abortive biliary colic), and is characterized by the pain beginning as late as three or four hours after meals, quickly attaining a maximum, and then gradually vanishing. pain is localized in the epigastrium, or slightly to its right, radiates downwards and to the back, and is accompanied constantly by considerable meteorism. The epigastrium and right hypochondrium are tender; constipation is present before and during the attack, and the feces are dry and pale. Such an attack may last but one day, or recur every day for weeks, and it is sometimes the only painful sign of gallstones. The author has treated several such cases, some of which had been treated without result for a long time for gastralgia, with success. Even large doses (71-2 to 91-4 gr.), which were given for obstructive jaundice, were well borne.

-Rev. med. de la Suisse rom., June 20, 1898.

TANNATE OF OREXIN IN ANOR-

EXIA.

Bodenstein gives the result of his experience with this new stomachic, so much recommended by Penzoldt and his pupils. Tannate of orexin forms a yellowish-white powder, odorless and almost tasteless, insoluble in water, but readily dissolved by weak acids, such as the gastric juice. It acts favorably both on the mobility of the stomach and the secretion of hydrochloric acid, and so leads, as has been experimentally established, to a notable shortening of the period of digestion; it is hence even more valuable in the functional than in the organic diseases of the stomach. The author has found it of particular use in the inappetence of childhood, as during convalescence from diphtheria and other acute specifics, and in chronic affections such as scrofula and anemia.

He gives it in the form of chocolate tabloids, each containing seven and one-half grains, twice a day two hours before meals. In adults its good effects are most marked in the anorexia of phthisis, more especially where there is tuberculous enteritis with colloquative diarrhea; it is found to succeed here where all the ordinary stomachic bitters have failed. In a case of uremic vomiting, previously influenced only by injection of morphine, and in two of hyperemesis gravidarum, this distressing symptom was alleviated. In very few of the author's cases was the remedy without effect; in none did any untoward complication supervene. It was always well borne, and the author emphasizes the remarkable results obtained by him in the anorexia of consumptives and chlorotics, and in gastric neuroses and atony.

-Wien, med. Presse, 1898, No. 26.

EPIGASTRIC HERNIA.

Mongie describes an instance of this rare form of rupture which in every respect assumed the characters of an umbilical hernia. The patient was a very fat man, aged 50. Fifteen years previously he detected a lump, as big as an egg, in the epigastrium. It grew slowly, and for three years remained as large as a fetal head. An operation was performed. The fat was very thick, but the sac was isolated and dissected out and then opened. A great mass of intestine was exposed, covered by a fat omentum, which adhered at numerous points to the sac. The neck was of extreme width, as broad as the palm of a man's hand. Nevertheless it was effaced, the peritoneum being united with interrupted silk sutures. The anterior part of the rectal sheaths and the subcutaneous cellular tissue were treated with a continuous catgut suture. The skin wound was closed with silkworm gut. The patient was well in a fortnight, able to eat and digest a good

-Gaz. Hebdom, de Med, et de Chirurg., April 21, 1898. THE NEUTRALIZATION OF TOXINS BY THE DIGESTIVE SECRETIONS.

Nencki, Sieber and E. S. Simanowski state that most toxins and antitoxins appear inert when introduced into the stomach or rectum. and they do not pass unaltered through the alimentary tract, as neither urine nor feces contain any part of them after the experiment. Emulsions of stomach, and of small and large intestines of rabbits and guinea pigs, carefully filtered will, when mixed with the diphtherial toxin in varying proportions, generally neutralize the same. The emulsion of small intestine is the most efficacious. It owes its efficacy to the pancreatic juice. This secretion will neutralize the diphtherial toxin at the temperature of the room, but better still in the incubator; 1 g. of the secretion will neutralize 10.000 times the fatal dose of the toxin. The gastric juice is less active. This difference in activity does not depend on acidity or alkalinity. Waterv pancreatic extracts are equally effi-As regards the tetanotoxin matters are reversed, the gastric secretion producing the strongest neutralizing effect, similarly the bile, if mixed with the toxin in the right proportion. Bile when mixed with pancreatic juice is more powerful than when employed by itself. The larger the various secretions remain mixed with the toxins prior to injection the more powerful is their neutralizing effect. The juices neutralize, but do not render immune, for if juices and toxins be injected separately the action of the latter is not interfered with; in other words, the enzymes must have the opportunity of acting directly upon the toxins in order to neutralize them. -Centralbl. fur Bacteriol., 19-20, 1898.

SENILE PLEURISY.

Maurice Lemoine contributes an interesting article on the occurrence of pleurisy in old people. Generally speaking, a primary pleurisy is very uncommon in the later years of life, but its occurrence as a complication

is much more frequent, and in the great majority of cases is a result of renal disease. Postpneumonic, tuberculous and cancerous forms of pleurisy are also met with, probably in this order. As to the nature of the pleurisy, the effusion is either serous or sero-fibrinous, the purulent form being very uncommon. The author points out that very often pleurisy with a large amount of effusion may be completely latent in an old person. Four varieties may be described. The first occurs in subjects who are apparently healthy. There may be merely some malaise, headache and sleeplessness. Pyrexia may be completely absent or only very slight. There is no dyspnea to speak of, and there may be merely slight pain in one side of the chest. physical examination the existence of effusion becomes evident. quantity of fluid may be considerable. This form is characterized by the very favorable character of all the symptoms: the fluid as a rule is absorbed spontaneously, though, it must be added, it has a tendency to return. The second form occurs in persons of somewhat impaired health. They notice that respiration is accompanied by some difficulty, and there may be nocturnal dyspnea and breathlessness on exertion; perimalleolar sometimes edema. These symptoms are followed by a sudden attack of cardiac failure. Careful examination of the chest under these circumstances may show the presence of an unsuspected pleuritic effusion. Prognosis in this form is uncertain. Careful treatment may bring about absorption of the fluid, but in other cases, notwithstanding every care, cardiac failure or uremia bring about fatal termination. The third form is more marked in its characteristics, there being cardiac dilatation, anasarca, Chevne-Stokes respiration, and intense dyspnea. In these cases pleural effusion is a late symptom. In the fourth variety the cause of pleurisy is pulmonary infarcation, and the symptoms in this condition may be observed previous to the appearance of the pleurisy, which only supervenes toward the end of the second week. In addition to these varieties, tuberculous and

pneumonic pleurisy are found among elderly patients, but do not differ in their symptomatology from cases occurring earlier in life. The writer points out that pleurisy in old people is of much longer duration, and consequently its prognosis is somewhat variable, and one fact worthy of note is that a second pleurisy may appear on the other side before the complete subsidence of the first. death in the course of a pleurisy the writer considers as very rare among old people. Treatment does not differ in these cases from the ordinary methods in vogue earlier in life.

-Journ. de Med., July 25, 1898.

DISEASES OF THE ALIMEN-TARY TRACT.

G. Rosenfeld first relates two exceptional cases occurring respectively in a woman aged 32 and a man aged 26. In both cases there was constipation, vomiting, inanition and prostration. The urinary symptoms were remarkable, as the urine contained in both cases a substance which yielded osazon, with phenyl-hydrazin, and at times considerable quantities of acetone and aceto-acetic acid. In the first case there was also stupor. Diabetes was excluded. The symptoms must have been due to an auto-intoxication in both cases, which ended in complete recovery. The author then reports a case in which the Roentgen photography showed a spindle-shaped shadow in the region of the esophagus and thoracic aorta. He introduced a tube open at the end, through which was passed a second thin tube having a ballon attached to its end. A solution of bismuth was then injected into the ballon and a photograph taken. The fluid was then withdrawn, and the ballon inflated with air and a second photograph taken. In the latter case a little shadow could be distinguished from the dark shadow of the heart, and a diverticulum of the esophagus was recognized. Rosenfeld then discusses, the diagnosis of early carcinoma of the Rlowing up the stomach stomach. may help in the diagnosis, but the Roentgen photography, with a sound

containing shot, is of greater assistance in showing the connection of a very movable tumor with the stomach. This procedure may also assist in enabling the observer to recognize a tumor before it can be felt. gastric carcinoma the stomach rarely empty, even a long time after food has been taken. If this retention of food occurs in a small stomach it is strong evidence in favor of carcinoma. The Roentgen rays, along with the sound containing shot, is the only reliable method of making out the size of the stomach. Thus, if considerable remains of food can be washed out of a small stomach some 15 hours after food, there is strong evidence of gastric carcinoma. This condition may exist even in the absence of regular vomiting or of any vomiting at all.
—Centralbl. f. inn. Med., July 23, 1898.

SCARLATINAL MYOSITIS.

Bruck has observed three cases of myositis in the course of scarlet fever, occurring in the second and third weeks of the disease and after the subsidence of acute symptoms. This complication is unaccompanied by fever, and as a rule disappears rapidly. From a clinical point of view it can hardly be distinguished from ordinary muscular rheumatism and is characterized by spontaneous pain, extreme sensitiveness to pressure and disturbance of motor function, with occasional increase in size of the muscles. The author's first case was in a girl, aged 14, who first noticed intense pain in the muscles of the back on the fifteenth day of the disease, rendering it quite impossible to sit up or to turn in bed. The pains increased in severity for two or three days, but disappeared on administration of salicylate of soda. In the second case the thoracic muscles were those principally affected; while in the third the abdominal muscles were so intensely tender to touch that it was impossible to make any examination. the author's opinion these are cases of actual inflammatory change in the muscular disease.

Gazz. degli Ospedali, July 7, 1898.

TREATMENT OF MIGRAINE.

Frieser bases his observations on 29 cases. He maintains that migraine is rarely a disease by itself, but is a symptom accompanying some other affection. Sometimes there is a hereditary predisposition, and the author gives details of three such cases. Migraine often complicates anemia, and also, in the author's opinion, various diseases of the female generative organs. gives details of a case in which the replacement of a retroflexed uterus was followed by a cessation of the The author has seen migraine in cases of ear disease, and details are given in which after the removal of a nasal polypus there were no more attacks. One of the most frequent causes of migraine lies in dyspepsia due to chronic gastric catarrh, dilatation of the stomach, etc. Imperfect digestion of carbo-hydrates is sometimes found. Overwork in school children is an important etiological factor. Frieser mentions two cases in which injury to the head and a violent mental emotion respectively were followed by attacks of migraine. He thinks that the actual cause of the attack consists in the fermentative and other changes in the stomach contents. In the attack itself the author washes out the stomach, and if this cannot be done large quantities of warm water should be taken. He looks upon menthol as the best remedy. Constipation and dyspeptic symptoms must be carefully treated by diet and otherwise. Antipyrin, phenacetin, etc., cannot be relied upon. Frieser has obtained better results with benzacetin and trephinin, which he gives in doses of 0.5 g. Valerianate of menthol may be used in the intervals. He has known relapses to occur even after a period of more than a year after the last

-Munch. med. Woch., August 30, 1898.

RHINOLITH OR NASAL CAL-CULUS.*

By WILLIAM H. POOLE, M. D., Detroit,

Member of the American Medical Association, Wayne County Medical Society, etc.

Mr. President and Members of the Wayne County Medical Society: The pathological specimen I have the pleasure of exhibiting to you this evening is one of unusual interest, even to those of us who limit our practice to diseases of the eye, ear, nose and throat, from the infrequency with which we meet these cases, and also from the circumstances which led up to its discovery, owing to the fact that it was situated somewhat differently from most cases of this kind.

Miss L. K., aged 24 years, from whose nose this was taken, consulted me January 1, 1898, regarding her nasal catarrh, with which she stated she had been afflicted ever since her childhood. Ten years ago she had been treated for about a year by one of the leading rhinologists of this city, receiving considerable benefit, but for the last two or three years she has had a rather profuse nasal discharge, thickened, and increasingly offensive in character, with obstruction to nasal respiration, loss of smell, nasal voice, and the other usual symptoms which we find in an aggravated case of chronic rhinitis. Lately she had suffered from headache, which was increasing in severity, and was also troubled with weeping of the left eye. She had been using an atomizer for some years without getting any other relief than the keeping of the nose approximately clean.

On making anterior and posterior rhinoscopic examination I found considerable hypertrophy of the turbinates of the left side, especially of

the inferior turbinal.

I suggested an operation for the removal of the hypertrophied tissue of the lower turbinal, which was impinging on the floor of the nose. This was agreed upon, and on Saturday, January 15, I operated at 3 P. M. in the usual way, cocainizing

^{*}Report of a case and exhibition of pathological specimen.

the parts thoroughly and making a practically painless operation.

Hemorrhage was not very profuse and was readily controlled at this time. The patient returned home, and soon after suffered from an attack of nervous sick headache, to which she was subject upon occasions of nervous strain.

As usual, the headache ended with an attack of retching, after which straining the hemorrhage started in afresh and rather profusely. I tried again to control it with styptics and plugging the naris with absorbent cotton, but did not succeed in thoroughly arresting the flow of blood, and, as the patient was getting very weak, with the kind assistance of Dr. Suttie, I tamponed through the posterior naris with a sponge tent, which instantly stopped the hemorrhage. I then ordered her to be liberally supplied with beef extract, for the double purpose of nourishment and to increase the arterial tension.

Sunday, the next day, she was doing nicely, but was very weak; there was no recurrence of the hemorrhage, but I did not think it advisable to remove the tampon as she was too weak to bear it.

Monday, January 17, the patient was a little stronger, but owing to debility I could only remove a part of the tampon from the anterior naris.

The next two days I removed still more of the sponge anteriorly, in all about two-thirds of it being removed up to this time, the patient still being too weak to bear much manipulation.

On Thursday morning, January 20, I attempted to remove the remainder posteriorly, but found it so firmly fixed that it could not be dislodged except with extreme force under anesthesia. I called in Dr. Chittick and anesthetized the patient, when, with considerable difficulty, we removed the remainder of the sponge.

After the patient recovered from the anesthetic I cleansed the nasal cavity thoroughly with hydrozone, one part to twelve parts of lukewarm water, and she returned home rejoicing, the turbinal wound being in good condition, healing nicely.

Next morning she came to my office for treatment and stated she had enjoyed perfect freedom in breathing through that nostril until about 4 o'clock in the morning, when, changing her position in bed, that side became suddenly obstructed. After cleansing the nostril, which was seemingly full of an offensive discharge, I discovered this body, which was attached at the posterior end on the outer side of the inferior meatus, lying, as it were, in a groove or bocket.

The anterior or loose end of it was sharp like a spiculum of bone, and black in color; it was freely movable about its long axis, so that you could pass a cotton holder around it and lift it from its bed. After cocainizing, I grasped it with a dressing forceps and, giving it a twist, removed it. I then thoroughly cleansed and disinfected the cavity with the hydozone solution, which removed the odor and rendered the cavity wholesome.

The next day two smaller pieces were removed while cleansing and treating the nose. They were loose and seemed as though they had just scaled off from the bed where the larger piece had lain.

The spraying of the nasal cavity with hydrozone, followed by the use of glycozone, constituted the treatment for the next four days, by which time the offensive odor had entirely disappeared, and the parts had assumed a healthy condition.

This concretion formed on the outer side of the inferior meatus, and as it grew larger it obstructed the flow of tears through the nasolacrymal canal, as evidenced by the overflow of tears from the left eye, which condition ceased immediately after removal of the rhinolith.

The secondary hemorrhage was evidently due to a relaxation of the pressure on the vessels of the turbinate, owing to the calculus being disturbed in its position when the patient was retching.

As to the exciting cause of the formation in the case of this young lady I could get only a negative history, there being no recollection of any foreign object having been put up the nose in her childhood. Being

desirous of ascertaining, if possible, what served as a nucleus, and at the same time of finding out the composition of the formation, I cut it in

Microscopical examination reveals that it is composed of amorphous phosphates, undoubtedly the phosphates of calcium and sodium, which came from the tears.

There has been a marked improvement in the young lady's condition since the removal of the rhinolith; overflowing of the tears in the left eye has ceased, nasal respiration has become perfect, her voice has lost the nasal twang, and her general health has improved rapidly, as indicated by the fact that she has gained four pounds in weight since the operation (four weeks ago), and is still improving.—N. Y. Med. Journal.

. TABES DORSALIS.

Senator relates two unusual cases. The first case was an example of the rapid development of the disease, so that in 16 months the patient had very marked ataxia, disturbances of sensation, absence of knee-jerks and incontinence of urine. There were in addition occasional clonic spasms in the arms and legs. The motor power of the legs was also diminished. The patient had a tabetic foot. The foot appeared shortened, and markedly thickened and rounded. The arch had also disappeared. According to Charcot the tabetic foot is due to changes in the bones of the tarsus and metatarsus, and later in the joints. It is apparently more a disease of the bones than of the joints. Tabetic foot is rare; according to Tansini, it would occur once in 1250 cases of tabes. It usually appears early in the disease. In the author's case it was one of the earliest symptoms. In the second case the patient, aged 50, developed the first symptoms of the disease ten years previously. These consisted of gastric crises, which occurred at varying intervals. There was no trace of ataxia. The knee-jerks were absent, and the light reflex gone. The patient developed a Dupuytren's

contraction of the palmar fascia, which may have been connected with the tabes. Trophic disturbances in the tendons, with consequent rupture, is known to occur in this disease. The patient also had an apoplectic attack, with unconsciousness and right-sided hemiplegia, the latter passing off in 14 days (tabetic hemiplegia). Syphilis was denied in both cases, but gonorrhea was admitted in the first.
—Berl. klin. Woch., July 18, 1898.

POST-TYPHOID PARALYSIS.

Jean Foix publishes a careful study of this affection, with an analysis of four cases. He states that paralysis may supervene in typhoid fever either during the invasion, the height of the disease, or convalescence, the latter being by far the most frequent; there may be an extended interval of apparent health between the primary disease and the paralysis. The author classifies the forms which the paralysis may take in the following order of frequency: hemiplegic. Paraplegic, (chiefly in children), monoplegic and affecting a single nerve, more particularly the median. The sensory disorders, subjective and objective, run pari passu with the motor; the sensibility of the affected part is always diminished and sometimes lost. The sphincters are now and then involved. Muscular atrophy is a constant symptom in peripheral neuritis of typhoid origin; it progresses with the paralysis and is often incurable. In the central forms edematous infiltration of the cord may be found, and also of the spinal meninges; in the peripheral forms the paralysis is due to parenchymatous neuritis. The actual cause is undoubtedly the toxins produced by Eberth's bacillus, although the germ itself has occasionally been found in the nerves and may hence play a more direct part. The paraplegic form is of two kinds, due respectively to affection of the cord and the peripheral nerves. With regard to treatment Foix believes solely in the sytematic and methodical application of the galvanic and faradic currents. By this means he claims to stop, if not

to cure, the muscular atrophy. He gives a fairly comprehensive bibliography.

-These de Paris, 1898.

FIBROMA OF OVARY.

Barremans, after studying many cases of this form of tumor concludes that it is often impossible to distinguish it from a pedunculated subserous uterine fibroid. Hegar's method of diagnosis is trustworthy; the finger is passed into the rectum and pressed against the tumor, at the same time the uterus is drawn downward by a volsella. If the tumor be ovarian it will not move; if uterine there will be great resistance to drawing down the cervix, which will clearly be continuous with the morbid growth. fibroma of the ovary often sets up ascites, yet is rarely adherent to adjacent structures. It is never invested by a distinct capsule, like a uterine myoma. It undergoes different kinds of degeneration, even malignant, contrary to the opinion of many observers. Thus Jacobs, of Brussels, operated on a woman, aged 51, removing a pair of ovaries converted into large tumors, which together weighed 13 pounds. Neither growth showed the least trace of sarcomatous regeneration, and were. it appears, removed entire. Nevertheless, the patient died two years after the operation from sarcoma of the peritoneum with ascites. another case acute peritonitis occurred. At the operation the pedicle formed a cord four inches long and twisted no fewer than five turns. The last case was also of special interest. The patient was nearly 60, and had already undergone five operations—three for uterine myoma and one for fibroma of the vagina. Before operation she suffered from great distension of the abdomen. due to ascites, as well as to the large size of the ovarian tumor. When the abdominal incision was made pints of clear ascitic fluid escaped. The ovarian tumor weighed over 14 pounds, and was adherent to intes-Unlike most ovarian fibromata, it did not form one mass, but consisted of an agglomeration of about 50 small tuberous bodies, an exaggeration of a condition oftener seen in uterine myoma. All the four cases recovered from the operation.

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NOTES ON URETHRAL ASEPSIS.

BY LUDWIG WEISS, M. D.,

Professor of Dermatology and Genito-Urinary Diseases at New York School of Clinical Medicine.

Aseptic methods are now employed in all branches of surgery. It is an outcome of the antiseptic method inaugurated by Lister, and means prevention of fermentation and putrefaction. When one uses such means as to make his instruments, hands and field of operation sterile, i. e., free from microbes, he is understood to work aseptically. Having in this way succeeded in shutting out the microbes, there is then hardly any more need to use the germicidal chemical agents called antiseptics. Furthermore, we know that the urethra, with its delicate lining membrane, is apt to suffer in its integrity by the use of even very weak antiseptic solutions. Instead of preventing the development of micro-organisms, such irritating solutions will, by destroying the epithelium, open an avenue of entrance to all kinds of microbes. It is therefore of the greatest importance to perform all instrumentations of the urethra with surgical cleanliness; that is, in an aseptic and non-irritating way. this is true of all branches of surgery and is vividly and typically carried out by the general practitioner, especially in his obstetric practice, there is a great deal of deficiency of this method when the urethra is the object of treatment. Happily times have passed when the practitioner carried his catheter, a well-worn and dilapidated looking affair, in his coat pocket, using his saliva to lubricate it, after having cleaned it with his handkerchief. But even the otherwise progressive man will very often content himself with doing justice to his aseptic conscience, by immersing his catheter in a doubtful looking bowl of hot water, using the dustladen family vaseline jar, anointing the instrument with his undisinfected fingers.

The eminent importance of aseptic catheterism has only been recognized in the last few years. Alberran, Kuttner, Posner, Frank and others have shown us that unclean ca-

theterism is by far the most frequent source of urethral infection. The whole success of a cure depends upon the use of instrumental and urethral asepsis.

In making an exploration of the urethra certain measures must be observed, which may be summed up as preliminary and actual steps.

Concerning the first we must make it a rule, before handling the parts to be treated to wash our hands in hot water with soap and brush, afterward immersing them in an antiseptic solution of bichloride 1-1000. Small rectangular pieces of linen kept in well-closed jar, and previously treated with a 1-1000 bichloride solution, should be used to grasp the penis with the left hand. This latter measure serves at the same time as a protection to the physician's fingers. As a first step in the right direction, the meatus must now be disinfected by wiping it and the, glans with cotton pledgets, soaked in a bichloride solution of 1-1000. As this solution, when left in contact too long with the tender skin of the glans and the sensitive mucous membrane of the urethral orifice, proves somewhat irritating. A 5 per cent. solution of boric acid should be used afterword in the same way, also instilling a few drop of it into the orifice. Of course the patient has to void his urine before. The next step consists of making the urethra aseptic. There is a great difference of opinion whether the micro-organisms which inhabit even the normal urethra are capable of infecting the bladder or the kidneys. It is certainly a good plan to irrigate the urethra with sterilized water or a 4 per cent. boric acid solution before introducing the catheter or sound. But to my mind it is not essentially necessary in cases where a non-infectious process is to be combatted. It goes without saying, however, that flushing the urethra is of the utmost necessity when we have to deal with gonococci or other microbial affections. Having thus rendered the parts surgically clean we may now safely proceed to the second actual step of instrumentation. In this connection we have to take in consideration how to render our instruments aseptic. It would fall beyond the scope of this article to dilate upon the value of different methods of sterilizing our instruments. Exastic instruments need another mode of procedure in this respect than metallic ones. As these short notes should serve only practical purposes I will only mention that there are elaborate methods and costly appliances of fulfilling the most stringent rules of asepsis. But I will consider here only such appliances which can be had or improvised by every practitioner at a small cost, and serve the purpose in view just as well.

To render elastic catheters and bougies aseptic, steam is the most serviceable method and guarantees absolute sterilization. Kuttner, of Berlin,* has devised a very suitable apparatus, which carries the steam not only to the outer surface of the catheter, but through it also. It is certainly a very desirable one, and, for the consulting room of the specialist, of great value. But we can use an ordinary fish kettle of smaller size, which will serve excellently this and several other purposes. In the lower compartment we boil the metallic instruments and in the upper the elastic ones are placed.

Bacteriological investigations have proved that the common pathogenic bacteria are killed by immersion in boiling water or in steam for from two to five minutes. Even the most tenacious of them, the spores of the anthrax bacillus, dving in two to four minutes when so treated. By using one teaspoonful of carbonate of soda to the quart of water, rusting of the instruments is prevented. If we now allow 15 minutes for boiling, steam enough will have developed, which, being under quite a tension, will circulate through the catheter lumen, rendering it sterile.

Posner,** who entertains very doubtful views about our ability to absolutely render elastic instruments aseptic, recommends a yet simpler method of disinfection. Metallic instruments, as we know, are easily dealt with, and boiling them for two minutes or a little over completely

^{*}Die Instrumentelle Behandlung der Harnleiden von Dr. Rob, Kuttner, Berlin, 1898, page 47.

sterilizes them. But with elastic instruments, like the Nelaton catheter and the woven ones, the matter is different. In an emergency, when the eventual damage to one's instruments is of no consequence, boiling of the elastic instruments will of course render them aseptic. They stand it a few times, but will soon will lose their coating, become fissured and useless. The nearest approach towards rendering them aseptic is, according to Posner, to put them in a 5 per cent. solution of carbolic acid for, say, 10 minutes, after having previously cleansed them thoroughly, or in a 1-1000 bichloride solution for a shorter time. To flush the catheters through with a syringe, using the same solutions and then with boiled To prevent reinfection the instruments should be wiped off with bichloride gauze, and then lubricated with sterilized glycerine, or with boric glycerine of the following composition: Borie acid, 9 parts; glycerine, 63; distilled water, 75 parts. Glycerine has the advantage, besides its germicidal power, of being soluble in water, and hence permitting an easier cleansing of the instruments. It is best to use catheters, in which the space between the eye and the distal end—the so-called "dead space," which forms a pouch where bacteria thrive and abound—is abolished and filled out. This has the other advantage of giving the catheter a firm end, rendering it easier dirrigable.

It may suffice to mention other methods of disinfection now in vogue. Besides the solutions already mentioned some make use of chemicals in vapor form, sulphurous acid or mercurial vapor, which, however, disinfecting possess any hardly powers utilizable for our purpose. The most modern is formalin vapor. It is a useful antiseptic, but it has its disadvantages in catheter sterilization. It takes 24 and more hours to get the desired effect, the fumes of the drug corrode metallic instruments, and elastic ones soon become soft, sticky and exfoliating. Besides the coating of formalin vapor, which settles on the surface of the instruments, being irritating to the mucous membrane of the urethra, must be washed off before introduction.

To sum up, the simplest, cheapest and most effective method of rendering metallic urethral instruments aseptic is boiling them in a 1 per cent. soda solution for not less than two minutes.

Elastic instruments will bear the steam very well and, rendered aseptic by using the contrivance mentioned above, and found in every household.

To those who prefer a yet simpler method the use of the antiseptic solutions mentioned before will recommend itself.

It is of course understood that the handling of the instruments, after their having become aseptic, must be such as not to jeopardize the results attained. It is therefore a good plan to have a few towels, previously rendered aseptic by steaming or by boiling them in a 3 per cent. solution of carbolic acid, or in a 1-1000 of bichloride, to spread the instruments

A few words concerning the accessory instruments. The irrigator should be of glass. When bichloride (very rarely) or nitrate of silver solutions are used for irrigations they render it aseptic by their own germicidal powers. When other solutions, such as boric acid or the permanganate, are employed, which in themselves possess a weaker germicidal power, then it is advisable to boil or let a stream of hot water flow through it previously.

Syringes, if of the modern sterilizable pattern, are easily rendered aseptic by boiling. The compound ones, made of a glass barrel and hard rubber adjustment, cannot be boiled. They are rendered aseptic by putting them into 1-1000 bichloride solutions for not less than 15 minutes, and if possible for one hour, and drawing the barrel full of the same liquid: Before using they have to be flushed through with boiling water.

It is obvious that for the use of bichloride and nitrate of silver solutions the glass-nozzled irrigator, or

^{**}Therapie der Harnkraukheiten, Prof. Dr. C. Posner, Berlin, 1895, page 131.

the hard rubber-tipped syringe have to be employed.

If all these steps are carried out faithfully and a certain methodical manner of employing them is adhered to, we have attained a degree of surgical asepsis which, if not ideal, is at least the utmost best we can do in the present state of our bacteriological knowledge. There are, we know, some intraneous, hematogenic sources of infection of the genito-urinary apparatus, but they

are rare, in comparison with the extraneous sources, causing infection as a result of unclean catheterism. Aseptic catheterization is not only a possibility, but a necessity. We must not only strive to perform it in an aseptic way, but we must regard it as a law, as an ironclad rule, the omission of which is on par with criminal negligence, and as such to be avoided by every conscientious physician.

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A FEW BRIEF OBSERVATIONS ON THE PATHOLOGY OF THE TRIPLE ARTICULATIONS OF THE SHOULDER.

BY THOMAS H. MANLEY, M. D., New York.

The morbid changes succeeding the application of violence, or coincident with diseased conditions of the shoulder, have always been subject of great interest, especially since Charcot, Duchenne and others have demonstrated that when the heads of the bones or the articulations are involved the etiological factors in operation may be of central origin. But it will be my purpose in the present instance to very briefly review a few only of the more salient features noted in connection with the ordinary lesions centered in the alar appendages or the shoulder, after injuries.

STRICTURE.

The shoulder is made up of the bones for a framework, the clavicle, scapula and humerus. The collar-bone is a horizontal, lateral girder, which serves the purpose only of imparting squareness and contour to the shoulder. It is necessary neither for agility nor strength; in fact, it is

an impediment to both, as the fleetest, most powerful, or climbing quadrupeds are without it. The scapula, or shoulder blade, is an osseous plate with a series of surfaces, borders and spurs of bone. It serves as a base of support and fulcrum to the humerus. The humerus has two heads, an intra-capsular and extracapsular, with two necks, an anatomical and surgical.

The shoulder has three articulations, all anatomically atypical. First, the costo-scapular, capable of permitting a wide range of motion; second, the scapulo-clavicular, a double-joint of very limited motion; third, the humero-scapular, quite identical with the costo-scapular articulation, in being devoid of ligaments and solely supported by muscles, although this has a large, strong capsule. It is therefore absurd and misleading to speak of "the shoulder-joint," for there is no such structure, but rather "shoulderjoints."

NERVES.

The powerful nerve cords coming down to supply the upper extremity have a large proportion of fibrous tissue in their composition, and hence tend to serve as ligaments in holding the shoulder up anteriorly. They pass down under the clavicle and in the axillary space lie in loose myxomatous tissues, at such a distance from its articulation as to in no manner impede joint action. Next to the muscles the nerves here are most exposed to injury in the application of violence.

VASCULAR SUPPLY.

The arterial supply of the shoulder is quite entirely from the subclavian and axillary. The large blood vessels in the axillary space are noticed to pursue a somewhat winding course and are in close contact with the larger nerve cords. These vessels in the axillary space are freely movable and take such a course as to escape over-tension, compression or laceration in many of the severe forms of shoulder traumatisms. The lower two-thirds of the axillary vein, in its inuer and inferior aspects, is in close contact with the lymph-ganglia. Quite the entire arterial supply to the forearm passes down through the axillary space, but the venous return pours upward through two different channels—the median cephalic passing up over the deltoid to discharge its contents into the first part of the axillary in the centre of the costocoracoid membrane, the basilic coursing up the arm to join the brachial vena-comes and form the axillary vein.

THE MUSCULAR STRUCTURES.

The muscles playing in the shoulder are principally two kinds, one, large and powerful, employed in support and leverage, as the trapezius, the deltoid and pectoralis major; the other of minor development, which rather serves the purpose of ligaments, as the subclavius, the lesser pectorals, and the internal rotators. The trapezius and deltoid, which serve powerfully retentive, as well as contractile purposes, have a large

admixture of aponeurotic structure. Besides the preceding structures bursae or large accessory synovial pouches and lymphatic organs deserve special consideration, the former in consequence of their tendency to inflammatory changes after trauma, and the latter because of their invasion in specific diseases.

The preceeding very brief and incomplete sketch of the anatomical structures is necessary before it is possible to deal with morbid changes. Did space permit much might be said on the complex functions or

physiology of the parts.

With a structure so exposed as the shoulder, of its remarkable strength, its complex mechanism and great activity, we may expect to find it the frequent seat of many pathological changes after the application of violence.

RESULTS OF VIOLENCE TO THE SHOULDER—FIRST, SPRAINS.

Sprains of the shoulder are as diverse in their varieties here as are the different types of fracture. They differ not only in degree, but in the structures involved, and hence some their full force falls on the articulations, in others on the periarthritic structures; at one time the muscles and another the nerves, the bursa or bones, much depending on the quality and volume of force—on whether there has been a contusion, torsion or deep laceration. In severe forms the bones are fissured, smaller blood vessels opened, nerves torn, the muscles lacerated or torn from their attachments.

The pathological changes succeeding are inflammatory or non-inflammatory. The latter are always of more serious import, as they point to

extensive nerve lesion.

The acute changes attendant on inflammatory action involve chiefly the connective tissues and are most accentuated when the bursae have suffered violence. The parts over the joints are ecchymosed, tumefied and sensitive. Muscular rigidity is marked and joint action is limited.

In severe cases there has been an effusion of blood into the muscle spaces, and the osseous parts have shared in the damage. Of late, since

the Roentgen rays have been employed to clarify diagnosis, oftentimes what had been regarded as simple sprains have been found associated with non-displaced fracture. (Bilhaut, Jourde, Dr. Orthopaedique,

Javice, 1897.)

In certain cases the extent of tumefaction immediately following is so great as to render definite examination impossible without an anesthetic. In hysterical, neuralgic or rheumatic subjects the degree of pain borne is great and its course is

very protracted.

Non-inflammatory types of sprains are generally those of a serious character at the outset. In these we have a history rather of a twist or violent over-tension of the parts than bruise from a blow or fall. All the soft parts have been evidently overstretched; there has been a condition of arthritic ectasis.

After this type of sprain the most pronounced and palpable signs pathological changes are, first, muscular atrophy, a marked, visible wasting, or an interstitial softening sensible to the touch. With the body in the upright attitude, the levator muscles yield and there is a marked drooping of the whole shoulder, which, however, is more or less fixed.

Muscular rigidity is at once noted when an attempt is made to begin full joint action. This conditions is somewhat overcome by pulmonary anesthesia; in some, however, only slightly. It may remain over a long period. Until it disappears restoration of function is impossible.

The most prolific cause of this condition is dependent on muscular changes, either interstitial or peripheral, degeneration or absorption of the muscular fibres, with a contracted, shortened state of the entire mus-

cle.

One of the most frequent causes of muscular rigidity is inter-muscular adhesions; the inflammatory deposits, having undergone condensation, glue the muscle sheaths together, so that their free-gliding action on each other is impeded. These adhesions seriously embarrass free movement of the circulatory current, and thus indirectly impair the nutrition of the affected limb.

may be well to note in passing that a similar state of the limb may ensue after various erratic types of muscular rheumatism, especially in children, and be mistaken for genuine

joint disease.

Psychical symptoms are quite invariably present in those cases which pursue a chronic course. The afflicted are despondent and are prone to believe that their cases are incurable, that they will become dependents, and that the impaired limb may remain feeble; hence the impression on the system is marked, their digestion fails and anemia is pronounced.

DISLOCATIONS, COMPLETE AND INCOMPLETE.

A dislocation is a sprain plus a

displacement of bone.

At the shoulder we have two typical dislocations, one of the humerus and the other of the clavicle.

The humeral luxations are quite entirely dependent on muscular damage, the clavicular on a rending of

the ligaments.

In humero-scapula dislocations it is of fundamental importance to remember that they are complete and incomplete, the latter by all odds the most common and most manageable. In these but one muscle is seriously compromised. The deltoid is overstretched or paralyzed, the capsule is stretched, but not torn, some part of the articular surface of the inner humeral head is yet in contact with the glenoid surface. massive deltoid alone holds the humerus well up under the acromion vault. This anyone can readily demonstrate on the cadaver. Let this muscle be completely divided by a transverse incision, with its base deflected upward, when at once the humeral head leaves the glenoid cavity, passing down over the root of the tricepital head into the axilla, or forward out under the coronoid spur.

By this simple procedure, too, the lax distensile property of the capsule is readily demonstrated. The tenacious, long head of the biceps offers some resistance to forward advance, but it is a yielding structure, which rather steadies the humeral than exerts a positive tension over it.

In complete luxations the extent of

damage to the deep structures is often, no doubt, very considerable; the deep rotators are torn from their attachments, important nerve trunks are lacerated, and the capsule suffers at times great damage. Cases are on record in which the capsule has been completely torn from the anatomical neck, widely opened or rent in two.

But that it is always opened or torn off in complete dislocations is certainly not the case. This was demonstrated last summer in a case brought to me by Dr. W. G. Gaudineer, of this city. The patient was a child of 6 years. He had a complete luxation of the humerus for three months. The head made extensive excursions forward under the clavicle and down into the axilla, completely out of the cavity; yet on dissection the capsule was found entirely intact.

In these dislocations, besides the great damage to the muscles and nerve branches, the three great nerve cords may sustain grave or irreparable injury. The brachial plexus may be violently overstretched, contused or ruptured. But, as nerve tissue possesses a most remarkable resistance to trauma and its recuperative property is marvelous, we are not able to precisely demonstrate at the time of injury, or later, just how far this participation of nerve injury proceeds.

Striped muscular tissue is not prone to inflammation, but when it develops in consequence of physical violence it pursues a chronic course. Therefore, as the muscles almost alone bear the brunt of all types of humero-scapula luxations, we may expect to find any degree and variety of pathologic changes in their sub-For weeks and stance. months. sometimes indefinitely, after injury they remain weak, painful and wasted, and hence never quite fully recovers its function. With the deltoid ruptured, permanent, complete reduction of the humeral head is im-The counteracting muspossible. cles, preserving their integrity, keep up a pull with nothing to resist them. In vain violent and repeated efforts at reduction are made; but instantly on releasing force the glenoid hollow is found empty. Sometimes, under these circumstances, it is said that the humeral head has "button-holed" through the capsule, but I have been unable to gather from the recorded cases of arthrotomy for dislocation of the humerus any such anatomical condition. It has been my privilege to witness five arthrotomies by various surgeons in America and Europe for irreducible humero-scapula dislocations, but in none was there any button-holing of the capsule.

The pathological conditions consecutive to humero-scapula dislocations are manifold and depend upon two factors, the results of the trauma and constitutional states. From trauma may result arthritis, periarthritic inflammation, ostitis and periostitis, muscular atrophy, paraly-

sis and vascular changes.

CONSTITUTIONAL INFLUENCE AS A COMPLICATING FACTOR.

In all severe joint injuries, whether attended with luxations, fractures or not, the constitutional state plays an important role; constitutional or acquired tendencies and the various cachexias may leave their impress here.

In some instances it is most extraordinary to note the widespread constitutional disturbances which may succeed these traumatisms; the profound impression on the sensorium and on the whole spinal system of nerves, the extreme degree of inflammation provoked, the marked rigidity, anchylosis or extensive atrophic wasting of the limb.

That vague, protean, obscure state of the system known as hysteria, here exercises a most potent influence. Rheumatism comes next. In every instance presenting intense reaction, running into a chronic state, it is well not to overlook the possibility of coincident gonorrhea, the tubercular diathesis or specific taint.

THE DISORGANIZATION OF STRUCTURE.

Bearing in mind that there are clinically two types of humeroscapula dislocations, the complete and incomplete—and this is essentially peculiar to dislocations at this articulation—we may expect a very wide difference in the degree and character of physical disorganization sustained.

In incomplete dislocations here the primary, dominant pathological feature is an over-tension of the deltoid muscle, with probable rupture of many fasciculi in its vertical or acromion segment. The capsule is yet completely intact, and the articular head has not moved entirely out of its socket. The great nerve cords have been overstretched, but none of their important pouches have been torn off. The bursae have all suffered compression, and the periarthritic structures have sustained contusion.

The consecutive changes in this subluxation are first inflammatory

and secondly atrophic.

The inflamed, overstrained deltoid has become relaxed and allows the head of the humerus to roll forward or downward, out of the hollow of the glenoid cavity. This tendency to displacement is augmented by a free effusion of sero-sanguinous fluid into

the synovial sac.

With a proper appreciation of these conditions it is readily apparent why our efforts at complete restoration are futile and harmful, when the state of the surface points to a large synovial effusion of either a sanguinous or serous substance. Superadded to this is a multiple neuritis and trophic changes, involving in various degrees the muscular components of this joint.

In complete humero-scapula luxations superadded to the effects of sprain and to the violent over-tension of subluxation, are the extensive laceration of parts vital to the

integrity of the joint.

It is true, as was demonstrated in a case of my own last summer, that we may have extensive excursions of the head of the humerus, far away from the glenoid cavity, without the capsule giving way; but, from the few cases on record permitting of dissection early after the accident, it is clearly demonstrated that in most instances of complete dislocation the capsule is opened and the head passes through it, or the capsule is torn off, partly or completely, either at the anatomical neck or at the bor-

der of the glenoid fossa. event, when the humeral head is driven forward across the coracoid arch, the long head of the biceps is torn off, some part of the tendon of the subscapularis has sundered, and it is impossible that the musculospiral and circumflex nerves can escape serious damage. I can find no case on record where the blood trunks have been seriously compromised by a dislocation here, though the number is large of the recorded cases in which they have suffered various degrees of disorganization and destruction in violent efforts at reduction.

Dislocations at the scapulo-clavicular joint involve no important structures except the ligaments, and hence the pathological state resulting is devoid of those features dominant in other dislocations. Although the acromion end of the clavicle is restricted in its upward range of action, it may be said that its fixed position depends quite exclusively on ligaments. When the acromion head of the clavicle is completely placed its duplex capsule is quite completely disorganized, and therefore the rotary movement of the shoulder on the central plane of the body is greatly diminished, if not entirely lost.

This type of dislocation derives its greatest interest from the great tendency to overlook it, especially in fat subjects, on a superficial examination, and, besides, because when of an aggravated character it cannot be so treated as to effect complete and

permanent reduction.

Dislocation or displacement of the shoulder en masse is never seen, though partial displacements are not infrequent. They are of three kinds. First, and most common, those seen after any severe injury of the shoulder, when it droops downward and sinks forward and inward; second, when the lower angle of the scapula projects outward from a displacement of the latissimus-dorsi muscles; third, after operations, those for mammary cancers, which entail the excision of the pectoral muscles and costo-coracoid fascia, when the equipoise of the shoulder is lost and it is drawn backward by the serratusmangus, rhomboid and levator of the

scapula muscles.

When from any cause the nerve supply of the parts are involved by disease, in rheumatic or other process of inflammation, seizing on and inducing trophic changes in the muscles, marked deviations in the position of the shoulder are noticed.

SUMMARY.

Sprains, twists, contusions and dislocations at the shoulder constitute the most important class of traumatisms that we are called upon to treat in the upper extremity.

In aggravated form the whole system suffers violent disturbance, strength and functions are impaired and permanent organic changes may

succeed.

In consequence of the mechanical construction of the shoulder and its triple-joined arrangement, limitation in range of action in any one articulation is, in varying degrees, compensated for, and hence but moderate deformity or physical impediment permanently results.

The shoulder being a structure in close relation to the centre of circulation, with an abundant vascular supply, in the absence of pathological conditions of a constitutional origin,

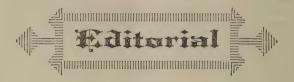
is generally susceptible to prompt reparative processes.

Being an appendage of the body in an exposed, independent, suspended position, it is susceptible to a rigorous examination and the application of direct and energetic treatment.

The principal pathological conditions calling for remedial aids after the injuries enumerated depend on. first, and the preponderance of cases, damage to the muscles, contusion, over-tension or laceration; second, neural, or injury to the nerves, the motor, sensory or trophic; third, the arthritic structures; fourth, the osseous structures, the periosteum under the attachment of the muscles or tendons, or the vascular cancellus structures which constitute the articular surfaces; fifth, injury of the bursae, with or without a propagation of inflammatory changes into the articulations: sixth, a traumatic arthritis—a necessary part of every dislocation—the coincident association of psychical manifestations is important to note under many creumstances; seventh, in order that treatment may be effective and a safe forecast of results may be made, it is imperative that the existence or tendency to various constitutional diseases be sought for.

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CANCER—ITS TREATMENT YET EMPERICAL AND BUT PAL-LIATIVE.

We are led to offer a few words on this important subject, now that ample time has elapsed for those who have so loudly proclaimed a "cure" for cancer by the "new operation" to demonstrate where the cure comes in, and further to enlighten us on any recent additions to our knowledge of the pathology of the infirmity, in the meantime drawing freely from an essay entitled "Remarks on the Operative Treatment of Cancer of the Breast, with a Snyopsis of Twenty-seven Cases Operated on," by Rudolph Matas, M. D., of New Orleans, La., in the Philadelphia Medical Journal, September 17, 1898.

Under the above title there recently appears a contribution of great interest from the pen of one of the best-known surgeons of the South.

We have perused this with special thoroughness, because of its source, the great interest and importance of the subject, because it is the latest essay on the subject by an American surgeon of note and high scientific attainments, and finally because we were anxious to discover if the author was able to bring forward anything to prove the local origin of mammary cancer or defend the enormous sacrifice of tissue and destruction of important parts, in some modern operations for breast cancer.

The writer begins, by describing at some length the development and direction of the mammary lymphatics, and notes the important fact, pointed out by Gassenbaur, Poirier, Heidenhain and others, that "the anastomoses and connections between the retro-mammary network and the intraglandular lymphplexus are so free and intimate that the entire lymph-carrying system of the thoracic parietes, including all the mediastinal nodes, is apparently at the mercy of any malignant neoplasm that may be lodged in the parenchyma of the breast. One thing we have also learned from these re-

cent researches, and that is that the entire axillary, subscapular and deep cervical groups may be infected primarily through the deep submammary lymph-canals that lie in and under the pectoral fascia, independently of the great highways of the lymph currents that overlie the gland under the skin. Thus, contrary to older teaching, nothing like a thorough eradication of the lymph tracts, from the breast to the axilla, can be contemplated, at least in deep glandular growths, without a total excision of the retromammary and paramammary connective tissue, including in this the whole suspensory apparatus of the gland, the pectoral fascia, and at least the sternal portion of the pectoralis major muscle. But the point that I would dwell upon is that, while modern methods of histologic and pathologic research have improved, and as we have gained a clearer and broader insight into the mechanism of cancerous dissemination, the difficulties in the way of surgical relief have also increased, so that the purely technical problems that confront the conscientious operator who would be a radical in his intervention have assumed far graver, more complex, if not more uncertain phases."—Prof. Matas.

How futile and absurd to speak of "radical" operations after this wellknown anatomical fact is acknowl-

edged. Continuing he says:

"Thus far, the greatest bar in the way of the successful surgical treatment of cancer of the breast, as of other localities, lies in the inability of the operator to adequately estimate the full extent of the lymphatic involvement in the epithelial growths and of the internal metastases, the latter especially in cases of sarcomatous infection. It is in the utter impossibility of recognizing the microscopic and impalpable contamination of the lymph tracts that always precedes the gross and palpable evidences of migration and metastasis that resides the chief and essential cause of uncertainty as to the final outcome of nearly every operation that is performed for this condition."

This refers to the precancerous stage, so-called, and scatters to the

wind the fallacy of "total extirpation." But the writer goes on and stultifies himself in the next passage, after conceding that the primary histological mutations are impalpable,

and says:

"My own experience with permanent cures has been decidedly contradictory, as far as showing the relative merits of the older and the new methods, as is shown in the synopsis of 27 cases that I have appended to this paper. It will be seen that up to 1894, when I operated by a method that is at present classed with the incomplete operations, though it differed only from the present in the fact that I did not remove the pectoral muscles or attack the postcervical region, I obtained 41 cent. of recoveries that have stood the three-years' test and over. Since 1894 I have performed the Halsted or the Meyer operation exclusively, and have to deplore 61.7 per cent. of failures (deaths from metastases and recurrences), and can only claim 38.3 per cent. recoveries, none of which has passed through the three-year These results simply show the unreliability of small groups for general statistical deductions, and should in no serious manner affect our comparative estimate of the old and modern operations.

Forty-one per cent. by the older method have passed through the three-years' test, and of the larger operation but 38.3 per cent. have survived the modern operation, and none in this group have yet through three years. It is certainly interesting to learn by what process of deduction one can recommend the latter operation in preference to the former, with this record before him.

The allusion to "migratory pains or infection" as a means of spreading or extending the disease, is begging the question, for the reason that no evidence is forthcoming that cancer is in any manner whatever infectious or of a bacterial origin.

In dealing with the histological conditions which preceed malignant

proliferation he adds:

"These considerations also make it clearly apparent that surgical intervention for cancer of the breast, as well as in other localities, must always remain a tentative, or, at least, an empirical procedure in the vast majority of cases as they present themselves to us in practice. Operations may be more or less aggressive, more or less complete as regards the thoroughness with which the diseased breast, its adnexa, and the extrathoracic lymph-tracts are removed, but in the strictly anatomic and surgical sense the operation is bound to be imperfect and incomplete.

plete. Hence it is that the words constantly used to qualify the operation of the day, as "complete" and "radical," are anatomic misnomers, which serve solely to indicate evolutionary phases in the surgical technique, and are illusionary if used in the sense that they root out the evil with any degree of certainty."

With the above we are in entire accord, and all must be, whose opportunities permit them to study the evolutionary phases of malignancy, for these modern operations, in fact, have nothing to commend them, except their novelty, as they certainly are neither justified nor warranted in any other than exceptional cases. To speak of them or to proclaim them as in any degree "radical" or "complete" is to impose on the credulity of the profession to recognize and give warrant to dangerous and needless mutilations, which no language is too strong to condemn.

After conceding the above it strikes one as inexplicable how the author can find any support for the following paragraph, which proceeds:

"Indeed, the experience of the last two decades, and more especially of the last ten years, has taught us several important and interesting facts. It has taught us, first of all, that by more thorough operating the primary focus of infection can be eradicated with far greater certainty of nonrecurrence in loco than was previously believed possible. The comparative statistics as to local and regional recurrence show this plainly."

Now, what experience have we in the past two decades which has taught us any new facts? How can one speak of the "primary focus" when the precise seat of the initial nidus is yet as great a mystery as it ever was? It is true that Halstead's figures and statistics stand out quite unique, unparalleled, however, by any other operator. Meyer detached the pectoral muscle in "one patient" less than two years ago, but where is the patient to-day? The writer has examined and followed the histories of a considerable number of cases of mammary cancer during the past 20 years, and has not yet seen a single case which supports view that the large operation in any manner whatever arrests the ravages of genuine cancer.' Where it has, the disease has been chancroid.

It is a source of great satisfaction to find Dr. Matas in his closing of

the subject states:

"I have now performed the more radical operation, as formulated by Halsted and Meyer, often enough to convince me that in very advanced cases (i. e., those in which the upper axillary, subscapular and posterior cervical lymphatics are markedly involved), it offers no more prospect of cure or chance of escape from internal metastases and secondary recurrences in the neck than the older. less mutilating operations. As far as I am concerned, and judging purely from my personal experience with Halsted's and Mever's operations, I firmly believe that surgery has here nearly reached, if it has not already attained, its maximum expression of effectiveness, beyond which it is absolutely impossible to advance without great risk to life or with any further expectation of increasing the chances of permanent recovery. is clearly fixed in my mind that all that surgery can do is to thoroughly eradicate the primary focus of infection in the breast, together with the extrathoracic frequented routes of lymphatic contamination. Beyond this, it is impossible to go further with any reasonable prospect of success unless it be in very exceptional and isolated cases."

We have submitted to our readers these lengthy extracts from Dr. Matas' essay as a very able defense of a very bad case. It has been too much the custom in the past of "running with the crowd," of bending blindly to fashion, to fads and fallacies. Cancer is the scourge of civilized society, presenting itself under a thousand phases, there being some swiftly acute types and others which extend through years, with little or no discomfort to the afflicted.

Why then should we accept the ipse dixit, all of a sudden, launched forth that the means of curing cancer lies in early and extensive dissections, when this assertion rests on

nothing except the statistics of a few enthusiastic and optimistic operators? This is a serious affair, and one which should be definitely settled, else the surgeon who does not meekly yield to the whims and caprices of surgical fashion may be tabooed as antiquated and behind the times, if not left open to a civil action.

T. H. M.

WIPE IT OUT ROOT AND BRANCH.

It would strike one as logical and rational not to mend, but to end a law which is obnoxious or cannot be enforced, without imposing hard-ships on citizens and individuals.

But expediency must be considered, and hypocrisy cannot be ignored. Thus, for example, the "Blue laws" yet disfigure the statute book of Connecticut, which, if enforced to-day, would prohibit the passage of any railroad train through or across that State on the Sabbath, and would jail any foolish mortal who would dulge in a refreshing swim in a river or pond, who would take a walk or even a ride on that day, unless he were going to or from church. But the good fathers of the Nutmeg Commonwealth have not yet seen their way to clear out this antiquated rubbish.

And so it is with our idol, the "Code of Ethics," which none are so ready to defy and violate as those who support it with noisy clamor. Over and repeatedly it has been recently declared by competent authorities that the practice of medicine is a "business." This being admitted won't someone tell us how one can

succeed in business without business methods?

A late contribution from the able pen of Dr. F. T. Rogers, of Providence, R. I., deals with this subject. If the "little fellow" inserts his card in a newspaper he is fired neck and heels out of the American Medical Association, but leading lights go brazenly before the people on the wings of the press, from one end of the continent to the other, when no word of protest is offered. Dr. Rogers declares that:

"Environment should be an important factor in the matter of legitimate advertising. What may be entirely proper in some localities would be manifestly out of place in others. In many of the smaller towns, notably New England and in the West, it has been the custom of physicians to insert in the local paper and in medical journals a card giving address and office hours. In larger cities this plan is not followed, but it would be a rash assertion to accuse the suburban physician of any great breach of ethics for this action. If it be asserted that such a step would be the entering wedge to the indis-

criminate advertising of quackery, we place little reliance upon own sense of propriety and at once admit our inability to decide for ourselves between right and wrong, rather relying upon someone else to

tell us what to do.

"The distinction between the professional card in the newspapers and the generous use of editorial or reportorial courtesy in reporting our comings and goings, our patients and operations, as advertisements pure and simple, is hard to define, and the advantage is all on the side

with the card.

"We admit our names, addresses and office hours to the directory, to the telephone book, and we stamp it on our cards and stationery for the purpose of giving information to the public. Why not go a step further and allow it to be placed with other professional cards in the local paper for the same reason? Is it any more disreputable than to allow it to appear in the daily press such items as: Dr. A, the head surgeon of -Hospital, last night lectured before the Biological Club upon appendicitis, a subject upon which he is considered an expert,' or 'Mr. A., whose serious illness was chronicled in these columns, is now improving. Dr. B., the eminent surgeon from , yesterday performed the successful operation for stone,' or 'Mrs. D., who recently went to consult the famous oculist, Dr. C., has returned with restored sight, the delicate operation for cataract having been successfully performed by the surgeon?' Yet these items have appeared in the daily press without complaint, and Drs. A., B., and C. are all members of the American Medical Association.

"It is no argument to assert that the first form is a paid advertisement and the latter a spontaneous outburst of generous appreciation. were not born yesterday, and know that these articles do not, as a rule, appear without tacit consent and ofttimes direct request.

"This one feature of newspaper notoriety is the peculiar property of the ethical advertiser, whether garbed as a news item, an interview on some particular disease or its victims, an ostentatious display of degrees or hospital appointments tacked onto the mere mention of his name, the daily bulletin of the attending physician to an invalided public man, or the more transparent form of the wonderful surgical operation or exhaustive discussion before the medical society—they are all merely an advertisement, and, such, are either right or wrong.

"If right, then the other simpler forms of advertising are right; if wrong, then the offenders should not be the judges of the enormity of the

faults of others.

"A national society, to which it is an honor to belong, has a by-law which states that anyone who announces in any way that he is engaged in special work is ineligible to membership. For this reason honest, capable men, who have practiced a specialty for years, who enjoy the esteem of the profession and the community, yet who have in any way announced that their practice was limited to a certain branch, are not eligible, while men who are already members violate the rule with impunity."

-The Atlantic Medical Weekly, September 24, 1898.

But we should go much further than Dr. Rogers advises and insist that the specialist should be free to insert his specialty on his card, and even place it on his sign. Why should people go moping about a large city. say, for an eye specialist, when one resides in his own neighborhood, though near residents are in entire ignorance of it?

And so it should be with patents. Every practitioner who devises a useful apparatus or a valuable remedy should enjoy the fruit of his labor by the protection and profit

which a patient secures.

None of these things can be permitted by the code and hence rather than amend the code we should end it and leave the ethical relations of physicians to each other and the public to their own judgment and discretion. The code is an elegant piece of diction, but its vitality has long since departed from it, and to-day is of little value except for its historical associations.

WAYSIDE NOTES.

BY ERNEST B. SANGREE, M. D.

I wonder what would happen if we were to conduct our clinics after the German manner?

Whilst in Munich lately I dropped in to see Wickel's clinic, and this is what I saw. Four large sofas and soon three half-dressed women shuffling in, each of whom was conducted to a sofa, on which she reclined. The fourth sofa was pushed aside to make way for a bed wheeled in, on which was a sallow, thin, very sicklooking woman, too ill to walk. To each of these women a student was assigned with instructions to make a diagnosis. Along with the patients the "exhibits" were brought in.

In plain view and near the women was a small table with several pans, two of which held underdone babies, one much macerated and the other apparently born dead and before its time. A tumorous uterus with its appendages, the results of an autopsv. and a large multiple fibroid from one of the women completed the side lights. All these were quite uncovered, and I saw each woman take a nervous glance and try to look another way, whilst the very sick one trembled like a leaf as her eyes fell on them, and ever and anon returned as if fascinated by the ghastly objects. Each student must quesexamine till he tion and if possible at some rives satisfactory conclusion. and sight of all this going on at time brought forcibly to my mind the delicacy and consideration shown in our public institutions even to the poorest of the poor.



CLINICAL SURGERY AND SURGICAL PATHOLOGY In charge of T. H. MANLEY, M. D., New York

Lambert contributes an important communication on the subject of "Acute Peritonitis" by spontaneous

perforation of the intestine.

He eliminates appendical perforation, the most common and fatal of all. He directs notice particularly to insidious perforation of the stomach, the duodenum and small intestine, making full acknowledgement to the valuable research on the subject of Letalle and Monod. Monod cites cases of perforation of the small intestine by lenticular ulcer, produced by causes entirely unknown.

Cancerous perforation comes in for a lengthy notice, the author noting the various stages when this malady is prone to soften and break through the wall of the viscus.

Ulceration and perforation may follow acute or chronic enteritis, internal strangulation or volvulus; it is the same in specific or typhoid inflammation, but, above all, in tuberculosis. He points out that different factors modify the aspect of these lesions, as, for example, the site of rupture, whether the intestine is empty or full and whether or not a large vessel has been opened in transit.

When perforation is gradual adhesive inflammation may wall off the offending septic material, while on the contrary, when the peritoneal cavity is penetrated and free inundation follows, serious symptoms set in promptly.

We will have, then, first, diffused, purulent peritonitis; second, encysted suppurative peritonitis; third, multiple suppurative peritonitis.

He believes that we take too pessimistic a view of surgical relief for general peritonitis, though he ad-

mits that in some cases the false membrane is so elastic and the cavity of infective suppuration so vast that one may believe he has opened the peritoneal cavity, while the main sac is so compressed and hidden away under pressure and displacement as to quite entirely escape.

In another variety after primary perforation multiple foci of suppura-

tion follow.

In all these cases it is noted, that the progress of infection and fate of the case depend on (a) the seat of perforation, (b) the septic character of effusions and (c) the inherent resistance of the individual.

There are clinically two types of perforation. In one the symptoms develop with dreadful violence in one formerly enjoying apparently good health. Among these, are cases of latent cancer, or those in whom we discover on interrogating preceding evidence of dyspepsia, dependent on tuberculous ulceration; in many the insidious ulcer of typhoid during the convalescent stage, suddenly imperils life by perforation.

The author declares that the question of diagnosis in these cases is one

of great complexity.

The symptoms, he tells us, are extremely difficult of interpretation, as those succeeding mechanical obstruction, perforation and paresis of the intestine augment the same. More will depend on the preceding history and a searching physical examination. Senn's hydrogen insufflation test, we are told, has never been tried in France. In cases of general peritonitis succeeding perforation it is believed that after 48 hours surgery can give little hope.

The mortality of laparotomy for

perforation, according to Chaput, is 77 per cent, from Houze, 70 (1896). Darra's figures are more gloomy still.

The author closes by recording the cases of perforation treated by his master, M. Folet; one of perforation of stomach in a woman of 40, somewhat costive for five years, but always active, was suddenly seized with the most agonizing pains in abdomen, on a Friday afternoon. At 2 P. M. next day M. Folet opened the abdomen, though he confesses to the impossibility of risking a diagnosis beforehand. The patient expired the same night.

The second, was a young man, who never had dyspepsia or indigestion. Was suddenly seized with atrocious pains in the right lower abdomen. Shock was marked and temporizing remedies of no avail. Eighteen hours after seizure abdomen opened and a perforated duodenum discovered. Collapse great, requiring two and one-half litres of serum by injection. Patient succumbed six hours later.—L'Echo Medical Du Nord, 11 Sept., '98.

Lostaltot attaches great importance to the manner of dressing a cancerous sore of the face or neck, which has been burned away with arsenic paste. He believes that defect in after dressings is a reason for many failures, and the disrepute which local caustics have fallen into.

It is important, he says, to be always certain that the local application of the arsenical paint is sufficiently thorough to entirely destroy the growth, without encroaching too far on healthy tissue. Next, he adds, after the eschar has fallen off we should bend our efforts to secure cicatrization as speedily as possible. To this end he strongly recommends the following mixture, viz.: Equal parts of oxide of zinc, subnitrate of bismuth and gum arabic. By the use of this, applied five or six times, cicatrization is always complete within ten days.

-Gazette Hebdomadaire de Medecine et de Chirurgie, 4 Sept., '98.

PUTRID PERITONITIS.

Jaboulay submits a most timely note on this terrible malady.

He says: "It is a form of ap-

pendicular infection remarkable for its gravity. The pus has a special, gangrenous odor; it is oily, greenish and grumous, having large white masses scattered through it, besides a mixture of blood and gas with it."

This form, he adds, has a remarkable tendency for rapid invasion into adjacent tissues; it spreads to the liver and pleura, is attended with marked sepsis and redoubtable peritonitis. It specially is encountered in young people. In these cases it is important to always seek for subdiaphragmatic abscess or retro-colic

Putrid appendicitis has a great gravity. Next in order of severity is phlegmonous appendicitis, which is sometimes attended by a most intense virulence.

Jaboulay dwells on the general hopelessness of surgery in these types of infection, if not instituted early and with every caution not to compromise the patient's impaired vitality.

Note by Translator.—The above note is a most important one, because it bears on a type of appendicitis followed by so great a mortality after operation that a practitioner sometimes almost repents he called the surgeon in, and believes his patient's chances might have been much better had he adopted more moderate measures.

It is the type which Richardson believes under certain circumstances may have better prospects of recovery without the incision than with it. In all these cases the appendix is quite invariably ruptured, and death is inevitable after perforation without abdominal section, then not to give the patient the chance offered by surgery would seem, indeed, almost criminal, but facts go to prove that this is by no means the case, and experience demonstrates by the large number of recoveries without operation that the peritoneum can neutralize and destroy a moderate leakage of gas or liquid from the opened appendix.

More than once the writer has operated in cases with but very little constitutional disturbance, such as he has repeatedly seen recover of themselves, when, to his amazement, he has found the appendix

opened by a gangrenous ulcer.

It certainly becomes a very serious question what to do in this class of cases that we may not jeopardize our patients' only chance of recovery by delay on the one hand or ill-timed, needless operation on the other.

T. H. M.

-Le Progres Medical.

RUPTURE OF THE BLADDER BY A FOREIGN BODY WHILE BATHING.

The patient, a young man, sprang from a bank into the water, feet first; striking, he felt a sharp pain near the nates.

When he came out of the water the urine dripped freely, through a wound in the perineum, but none would pass the meatus. The patient now entered hospital and remained there two months, in the meanwhile the most of the urine issuing through the fistula and but little by the urethra. A sound in the urethra detected a hard substance lying across the prostatic urethra towards the vesical outlet. With a finger in the rectum something like a lead pencil could be felt behind the fistula.

A suprapubic cystotomy was made, when a fragment of wood was discovered, thickly encrusted with the phosphates. This was withdrawn with difficulty. After this was done the fistula was drained and closed in 15 days. The wound in abdomen became covered by a diphtheritic exudate, but by the free use of terebismuth-glycerine was granulated and completely closed.

-Monatsberichte Über die Gesamtleistungen auf dem Gebiete der Krankheiten des Harn-Und Sexual-Apparates.

RESECTION OF THE OUTER TWO-THIRDS OF THE CLAVICLE FOR MALIGNANT DISEASE—REMEDY WITH FULL USE OF THE ARM.

Marcel S., 10 years old; no special hereditary history. In April he noticed that the movements of the right arm were painful and difficult; he was unable to join in play with his comrades. Later a tumor involving the shoulder was discovered.

He was examined by Professor Delassus on May 10, when a tumor was detected at the anterior superior segment of the right clavicle. This was about the size of an egg, its long axis in the direction of the shaft of the clavicle.

It was immovable, resistant and painless. There was no invasion of the ganglia, no muscular atrophy nor impediment to the circulation. There was no pain night or day.

The growth was diagnosed sarcoma, involving the outer two-thirds

of the clavicle.

The operation for its removal was undertaken on May 17, and was attended with great hemorrhage.

After removal of the bone and tumor with which it was incorporated the tibia of a freshly-killed rabbit was inserted.

On the 4th of June, 18 days after operation, the boy was able to quit

the hospital.

The imbedded rabbits' tibia had produced suppuration and become discharged. Later the wound healed solidly, when the full use of the arm was restored.

The microscopical examination demonstrated the neoplasm to be a spindle-celled sarcoma, which certainly leaves the prognosis very sombre.

—Communication a la Societe Anatomo-Clinique de Lille, Journal des Sciences Medicales de Lille, Numero 36, 3 Septembre, 1898.

Note.—The writer has been long interested in shoulder lesions, and has always maintained that the clavicle being absent in the most agile and powerful quadrupeds, is probably essential neither for strength nor mobility in many, and hence, since by modern methods its excision is a safe surgeal procedure, in all tumors arising in it the whole shaft should be boldly dislodged in order to obviate the chances of later dissemination.

T. H. M.

INTESTINAL OBSTRUCTION IN THE COURSE OF PYELOPHLE-BITIS.

BY DR. J. MAGNAU.

The causes of intestinal obstruction are many, but we seldom hear of it resulting from obliterative phlebitis of the portal or mesenteric veins.

It was in 1878 Chuquet for the first time called attention to grave lesions of the small intestine, which may result from pyephlebitis, at the time insisting on three points; first, that these cases are more common in the alcoholic, whose blood is reduced in fibrin, and again by the blood changes resulting in cirrhosis, and finally, he compared the sanguinous infiltration of the intestinal walls to that witnessed in sphucalus of the intestine. In 1888 Dreyfus published three cases, in which he set forth the site of thrombosis. He remarked that the condition of the intestine found much resembled that seen in strangulation. In 1889 Pilliet published two new cases. He described the pathological changes found, and, singularly enough, compares the condition involving the circumvolutions of the bowel, as markedly resembling an annular construction. According to this observer the initial focus in operation here is germ invasion; next phlebitis and thrombosis.

In 1894 Peron and Baussenat described a case in a pregnant woman who suddenly died after an acute attack of peritonitis, in whom, on autopsy, was found, the entire portal system thrombosis. This had led to multiple asphyxia and necrotic

perforation of the intestine.

In June, 1897, MM. Letielle and Mavgrier reported patient six months pregnant, suddenly sinking from acute peritonitis, in whom on autopsy was found phlebitis of the grand mesenteric vein, aploplexy of the jegunal division and a perforation 60 centimetres in length, widely opening the bowel. Later M. Barth has recorded a case, in 1897, of a patient who suddenly sunk from symptoms of intestinal obstruction, in whom he discovered a primary mesenteric phlebitis with extensive thrombi.

The diagnosis of this condition is exceedingly obscure. Of the morbid anatomy we know much, but of the pathology nothing definite. It seems we are in the dark in treatment because the condition develops so insiduously and mortal changes have

set in before we are even suspicious of the actual causes in operation.

—Bulletin du Lyon Medical.

TUMORS OF THE BENIGN CONNECTIVE TISSUE TYPE, INVOLVING THE RECTUM.

BY M. LONGUET.

A definite and lengthy description of all the benign tumors of the rectum is needless, as they occupy ample space in the works of Allingham, Bale, Esenarch, Molliere and others. Though regarding them as rare, none of these authors gives a full chapter to them. Quenu has collected from medical literature a considerable number.

It is well in this connection not to confound "tumors" with true neoplasms, and hence we must eliminate papilloma, hemorrhoids, condylomata and other inflammatory hy-

perplasic formations.

We find much on the rectal polypi of a fibroid character, but none of these have been examined histologically. Authors have been content with a mere microscopical examination of them, including among them almost every kind of fleshy growth springing from the rectal walls which are pedunculated. As a result of this are thrown promiscuously together, lipomata, myoma, myxoma, papilloma, organized hemorrhoids and degenerate tubercle.

From this nosological confusion Quenu has endeavored to separate three growths. He classes them as (1) myxoma, (2) chondroma, (3) fibroma, (4) lipoma, (5) fibromyoma. Complex tumors, multiple tissues, angioma, teratoma and dermoid cysts.

We shall begin by a study of the myxomata, fibromata and chondomeato, particularly the lipomata and fibromata, the existence of which today is questioned. Creiveilher speaks of gelatinous masses at or protruding through the anus, containing a colloid or gluey substance. They correspond somewhat to true myxoma, or all epithelioma, having undergone a mucoid evolution. These tumors may be rectal or perirectal. Dolbeau records a case of pure enchondroma of the rectum. The tumor was the size of a nut, in a man of

27 years. In its centre there were culs-de-sac of adenoid tissue.

Fibrous tumors of rectum are very rare indeed. A fibrous polypi should not be confounded with a true pedunculated fibroid. Heurtaux declares that polypi found in the intestine, and particularly in the rectum, and designated by many surgeons "fibrous polypi," are probably for the most part true myomata; others are sarcomata.

We have found 12 cases of lipoma published, where the mass sprung from the anal mucous membrane, by Virchow and Sangalli, Castelain, by Avezou, by Veuryguerk, Voos, Tedenat, Halst and Coupland. Myomata and fibromyomata of rectum with lipomata may be classed as the

most benign.

Etiology.—Lipomata of the rectum may be developed at any age in the female. Relative to the genesis of these tumors we know little. Myomatous like lipomatous recta are twice more common in the female sex. We are quite ignorant of their cause. Mourtaux contrasts the frequency of intestine myomata with the rarity of the rectal type, and notes that the preponderance and functional augmentation of the organ of gestation may account in part for this difference in neoplasia.

It may be added, too, that the uterus maintains its embryonic elements throughout physiological activity, while, on the contrary, the muscular layer is very thin, and is, as it were, in a state of morphological stability, with less tendency to the development of tumors in the rectum. The pathological anatomy of rectal lipomata is marked by a

wide departure from that observed in the subcutaneous varieties. They may develop as high as the sigmoid, attain the volume of an egg and have such lengthy pedicles as to permit them to make wide excursions in various directions.

Rectal myomata may sometimes attain such a volume as to threaten obstruction. Weekly reported one which mounted up into the pelvis and was mistaken for an ovarian cyst. On removal it weighed nearly twelve pounds.

As with uterine myomata, the rectal may be pedenculated or sterile. They may be centric or eccentric, and it has been noted by Wintermark that they may undergo teleangaesic

or malignant changes.

Histologically they may be divided into two varieties; in one fibrous tissue predominates, while in the other the muscle fibres are in excess.

-Le Progres Medical, Tome viii, p. 141.

Note by Translator.—The above constitute a class of lesions of great importance to the surgeon, but it seems singular here that no special notice has been given to rectal dermoids, two of which cases have come under the writer's care for operation, nor does the author seem to attach much importance to the bearing of the point of implantation of the growth, as much depends in the operative procedure on this, and its bearing in the sexes. Thus, for example, in one instance the writer was obliged to enter through vagina in removing a sessile growth from the posterior wall of the rectum.

In the male subject such a growth could only be dislodged by a Kraske resection of the sacrum. T. H. M.





THE EXTERNAL AND INTER-NAL USE OF XEROFORM IN DERMATOLOGY.

BY DR. EHRMANN, Lecturer, Vienna. (Abstracted from the Wiener Medicinischen Blatter, No. 22, 1898.)

The author has used Xeroform in his clinic for more than a year, and believes that he is in a position to pass judgment upon its therapeutic value. He has treated 178 patients. with it externally, and 45 patients internally; and, since 13 of these latter cases belong to the first class also, the entire number of cases treated was 210.

The external cases were partly superficial diseases, partly clean incised and operative wounds, and partly suppurations and necroses of the

skin.	
1. Superficial diseases:	
Balanitis41 cas	ses
Moist eczemas30 "	
Traumatic erosions of the	
genitals 8 "	
Eczema of the anus and	
nates (13 of them treated	
internally also)15 "	
Iodoform eczemas 9 "	
2. Suppurations and necroses:	
Chancroids	ses
Varicose ulcers11 "	
Tuberculous ulcerations of	
the nose and penis (one of	
each) 2 "	
Phlegmons of the hand with	
panaritium 5 "	
Suppurating buboes11 "	
Incised furuncles 3 "	
3. Clean operative wounds:	
Extirpation of dermoid cysts 2 car	SPS
Excision of chancre 4 "	
Phimosis operations 8 " Expirity of molluson fibrosa 4 "	
Excision of mollusca fibrosa 4 "	
Excision of periurethral	

false passages 2

Considering Class 3 first, the author states that the wounds were sutured, powdered with Xeroform, and, according to their seat and size, covered either with Xeroform gauze or simple sterilized gauze, and bandaged. Sometimes straps of the 5 per cent. collemplastrum saponatum salicylicum were used.

All the operative wounds healed by pimary intention; there was no trace of suppuration in the sutures.

As regards the suppurative processes, the author can add to the favorable reports made by others the facts that there never occurred under the Xeroform dressing the granulomatous formations leading to pus retention in the panaritiums and phlegmons of the hands, nor the maceration of the epidermis and the artificial eczemas that are so common with iodoform. The same was true of the chancroids. When the layer of Xeroform was washed away daily with lukewarm water, and the powder reapplied, cicatrization occurred on the average in two weeks.

In the extensive varicose ulcers the secretion diminished rapidly, a matter of importance for quick cicatrization. The ulcerated surfaces were powdered with Xeroform, and then covered with the 5 per cent. collemplastrum saponatum salicylicum, the plaster being renewed twice and the powder once in 24 hours. A more frequent application of the Xeroform is not desirable; too firm a crust is formed, which does not permit the secretion to percolate out.

The same precaution had to be observed with suppurating buboes after incision and with furuncles. abscess cavities were covered with a thin layer of Xeroform, and then packed with Xeroform or simple sterilized gauze. In the tuberculous ulcerations this did better than any other dressing; the torpid, flabby granulations became firm, they lost their odematous appearance, and so were prepared for more rapid cicatrization.

Xeroform seemed to do best, however, in the wide-spread inflammatory affections of the skin, accompanied with hypersecretion, especially in balanitis. It was better than the salicylic powders in that it has no cauterant action, and yet diminished the secretion, removed the obnoxious odor, and rendered the formation of normal epidermis possible. In erosions of the genitals its advantages

were equally marked.

Xeroform was equally beneficial in the moist eczemas when these are circumscribed, as on the hands. This is of especial importance, for in public practice this variety of the disease is very troublesome to the physician. He will welcome a remedy that causes a rapid diminution of the secretion and renders the use of ointments possible. Ehrmann formerly employed a 20 per cent. nitrate of silver solution for that purpose. This was not always agreeable to the patient, who welcomed the substitution of Xeroform.

Among the local eczemas for which Xeroform seemed especially suited were those of the anus and surrounding regions, more especially because its external application as a dusting powder can be combined with its in-

ternal administration.

Acting on the suggestion Hueppe, who employed Xeroform as an intestinal antiseptic in cholera with great advantage, the author administered Xeroform in several dermatoses that are notoriously accompanied with increased decomposition

of the intestinal contents.

The obstinacy of anal eczema is due to the fact that its cause is the abnormal composition of the contents of the intestine that pass out. All individuals affected with it have either habitual constipation, or intestinal atony, or suffer from flatulence. From remaining too long in the intestinal canal the feces are ashgray in color, or they have an unusually penetrating smell.

cases have alternately constipation and diarrheal stools. In none of these cases can any permanent result be obtained without a suitable treatment of the gastro-intestinal This treatment varies, of course, in every case; regulation of the diet, of the habits of life, of exercise, with abdominal massage, gymnastics, etc., are required; but intestinal disinfection is indicated in all cases. The author formerly employed ichthyol, creosote and menthol for that purpose; but he was glad to replace them by Xeroform, which has no unpleasant odor or taste, causes no eructations. He administered the drug in doses of 0.5 gram (71-2 grains) in wafers two to four times a day, and he found that it always effect a diminution of the flatulency, greater regularity of the intestinal evacuations, and an improvement in the condition of the feces. He gave 13 cases of anal eczema Xeroform internally; in two cases only the constipation remained obstinate, though the flatulence diminished. He therefore had recourse to irrigations, abdominal massage and carcara sagrada. The anal eczema were cured by the internal and external use of Xeroform.

A second group of dermatoses in which an intestinal antiseptic is of importance are the chronic urticarias

and dermographism.

A certain number of urticaria patients complain spontaneously of constipation, and for them purgatives, administered for a sufficient length of time, are enough. A much larger number, more especially those affected with dermographism, have normal and satisfactory stools. Yet there is not the least doubt that in these cases also are cases of autoinfection from the intestinal canal. as is proven by the results of treatment.

In some of these cases the usual intestinal antiseptics, salicylate of soda, ichthyol, creosote, menthol, give no results; in two such cases Ehrmann employed Xeroform with success, and now he always commences the treatment with it. the 32 cases of urticaria and dermographism that he has treated during the past year 23 were cured, seven

were improved and disappeared before treatment was concluded. Two cases that have suffered from urticaria for two and four years respectively, are still under treatment. This is a result that leaves all the other intestinal disinfectants in the shade.

Finally, Ehrmann comes to the conclusion that Xeroform is one of our best and most reliable antiseptics and skin dressings; that its desicating properties can be used to great advantage in dermatotherapy, and that in anal eczemas and autotoxic dermatoses it is the best of all the intestinal antiseptics.

SURGICAL CONVALESCENCE,
WITH REPORT OF BLOOD
COUNT IN TWENTY CASES.
BY STUART McGUIRE, M. D.,
Richmond, Va.

Several months ago I received a visit from an agent of the M. J. Breitenbach Company, of New York, manufacturers of Gude's Pepto-Mangan, who stated that his firm was anxious for me to test their preparation on surgical cases and to publish the results. I agreed to do so, provided I be allowed to utilize the first 20 major cases on which I operated, and that his company supplied me with the drug and paid the cost of the necessary blood counts.

I append a report of 20 cases. Eleven of them were private patients at St. Luke's Hospital, and nine were clinic cases at the Virginia Hospital. The histories are taken from official records, augmented by the blood counts made by Dr. M. D. Hoge, Jr., professor of pathology in the Uni-

versity College of Medicine.

When it is remembered that the patients were all confined to bed, that they were recovering from the effects of serious surgical operations, and that they were subjected to the depressing influence of hospital life, the average increase of red blood corpuscles is remarkable. Had the cases been selected and only anemic patients tested, the results would have been even showier.

Case 1.—Miss E. G., aged 20, patient St. Luke's Hospital. Struck on back by windlass of well four

months prior to admission. Laminectomy and removal of careous bone and clotted blood. Gave Gude's Pepto-Mangan 60 days. First count, 1,500,000 red corpuscles to the cubic millimetre. Second count, 3,300,000 to the cubic millimetre. Rapidly improving and recovery assured.

Case 2.—Mrs. M. K., aged 29, patient St. Luke's Hospital. Cystic disease of ovaries and chronic inflammation of appendix. Double Beattie-Tait, and appendectomy. Gave Gude's Pepto-Mangan 20 days. First count, 3,950,000 red corpuscles to the cubic millimetre. Second count, 4,000,000 to the cubic millimetre. Dis-

charged well.

Case 3.—Miss C. H., aged 22, patient St. Luke's Hospital. History of frequent attacks of hepatic colic—no jaundice. Opened the gall-bladder and removed a calculus one inch in diameter. Gave Gude's Pepto-Mangan twenty-eight days. First count, 3,940,000 red corpuscles to the cubic millimetre. Second count, 3,900,000 to the cubic millimetre. Bile still escaping from fistula, but patient otherwise well.

Case 4.—Miss A. N., aged 32, patient St. Luke's Hospital. History of sudden peritonitis accompanied by profound sepsis. Exploratory incision revealed a pedunculated fibroid tumor of uterus, gangrenous from twisted pedicle. Myomectomy. Gave Gude's Pepto-Mangan 36 days. First count, 3,800,000 red corpuscles to cubic millimetre. Second count, 4,000,000 to the cubic millimetre. Good recovery.

Case 5.—Miss E. J., aged 17, patient St. Luke's Hospital. Spinal irritation from a fall. Anemic, emaciated and confined to bed for more than a year from contraction of hamstring muscles. Electricity, massage and passive movements. Gave Gude's Pepto-Mangan 40 days. First count, 3,650,000 red corpuscles to the cubic millimetre. Second count, 4,425,000 to the cubic millimetre. Her menses, which had been suppressed, became regular. She fattened 20 pounds and left the hospital walking with a cane.

Case 6.—Miss B. T., aged 21, patient St. Luke's Hospital. Retroverted uterus, bound down by adhesions. Opened abdomen, freed or-

gan and stitched it to anterior abdominal wall. Gave Gude's Pepto-Mangan 30 days. First count, 3,900,000 red corpuscles to the cubic millimetre. Second count, 3,950,000 to the cubic millimetre. Complete re-

lief from symptoms.

Case 7.—Master D. S. J., aged 9, patient St. Luke's Hospital. Acute suppurative osteomyelitis of femur, tibia, and tarsus on one side of tibia and tarsus on the other. Amputated one limb and used chisel and curette on the other. Gave Gude's Pepto-Mangan 45 days. First count, 3,720,000 red corpuscles to the cubic millimetre. Second count, 4,600,000 to the cubic millimetre. Patient discharged with well-healed stump, but incision in ankle still draining.

Case 8.—Mrs. H. E. W., aged 48. Patient St. Luke's Hospital. Carcinoma of cervix; vaginal hysterectomy by clamp method. Had a bad liver and an irritable stomach, and though Pepto-Mangan was tried in varying doses and at different times during convalescence she was never able to take it for more than a day or two consecutively. First count, 3,400,600 red corpuscles to the cubic millimetre. Second count not made. Case made a slow recovery, but is now well.

Case 9.—Master R. G., aged 14, patient St. Luke's Hospital. Compound depressed fracture of skull from a three-pound mass of type metal falling five stories. Trephined and removed blood clot and spiculae of bone. Gave Gude's Pepto-Mangan 21 days. First count, 3,900,000 red corpuscles to the cubic millimetre. Second count, 3,800,000 to the cubic millimetre. The loss was less than anticipated, as the boy was injured while in vigorous health. Recovery rapid and complete.

Case 10.—Miss A. E. S., aged 27, patient St. Luke's Hospital. Indigestion, constipation and dysmenorrhea. Rapid dilatation of cervix. Gave Gude's Pepto-Mangan 34 days. First count, 3,900,000 red blood corpuscles to the cubic millimetre. Second count, 4,400,000 to the cubic millimetre. Bowels became regular, menstruation painless and strength and weight increased.

Case 11.—Mrs. W. A. M., aged 29,

patient St. Luke's Hospital. Symptoms of long-existing ovarian uterine trouble, to which had recently been added those of inflammation of the appendix. On section the uterus was found retroverted, the ovaries cystic, the appendix impacted and adherent, and the intestines filled with lumbricoids. The uterus was righted and stitched to the anterior abdominal wall, the ovaries and appendix removed, and later a brisk purgative expelled the worms. Gave Gude's Pepto-Mangan 18 days. First count, 4,200,000 red corpuscles to the cubic millimetre. Second count. 4.310,000 to the cubic millimetre. Recovery and complete relief from symptoms.

Case 12.—Mrs. L. A. W., aged 44, patient Virginia Hospital. Carcinoma of breast, with extensive lymphatic involvement. Radical extirpation of disease. Gave Gude's Pepto-Mangan 10 days. First count, 4,500,000 red corpuscles to the cubic millimetre. Second count, 4,620,000 to the cubic millimetre. Case discharged in two weeks and not heard from

since.

Case 13.—Mrs. L. J., aged 25, patient Virginia Hospital. Pyosalpinx following puerperal septicaemia. Opened abdomen, freed numerous intestinal adhesions, enucleated pustubes and removed the uterus by Baer's method. Gave Gude's Pepto-Mangan 28 days. First count, 3,410,000 red corpuscles to the cubic millimetre. Second count, 4,100,000 to the cubic millimetre. Perfect recovery.

Case 14.—Master J. F. S., aged 11, patient Virginia Hospital. Tuberculosis of knee and femur, with secondary infection and profuse suppuration. Amputation. Gave Gude's Pepto-Mangan 24 days. First count, 4,005,000 red corpuscles to the cubic millimetre. Second count, 4,300,000 to the cubic millimetre. Rapid recovery and marked constitutional improvement.

Case 15.—Miss A. H., aged 25, patient Virginia Hospital. Diseased ovaries and retroverted uterus. Double ovariotomy and ventro-suspension of uterus. Gave Gude's Pepto-Mangan 30 days. First, count, 4,300,000 red corpuscles to the milimetre.

Second count, 4,200,000 to the cubic millimetre. Patient a hypochondriac and still complains.

Case 16.—Mrs. E. B., aged 36, patient Virginia Hospital. Cirsoid aneurism of scalp and forehead causing agonizing pain from involvement of orbit. Ligation of right common carotid artery. Gave Gude's Pepto-Mangan 16 days. First count, 4,400,000 red corpuscles to the cubic millimetre. Second count, 4,100,000 to the cubic millimetre. Force of pulsation diminished and pain completely relieved.

Case 17.—Mr. P. S., aged 51, patient Virginia Hospital. Suppurative osteomyelitis of tibia. Amputation of limb. Gave Gude's Pepto-Mangan 28 days. First count, 3,400,000 red corpuscles to the cubic millimetre. Second count, 3,700,000 to the cubic millimetre. Recovery, with marked improvement in general health.

Case 18.—Miss N. C., aged 30, patient Virginia Hospital. Rapidly growing fibroid tumor of uterus. Complete hysterectomy and removal of mass weighing 40 pounds. Gave Gude's Pepto-Mangan 30 days. First count, 3,700,000 red corpuscles to the cubic millimetre. Second count, 3,750,000 to the cubic millimetre. Intercurrent attack of pneumonia, which retarded recovery and interfered with the regular administration of medicine.

Case 19.—Mrs. S. S., aged 50, patient Virginia Hospital. Carcinoma of breast. Amputated organ and dissected out adjacent lymphatic glands. Gave Gude's Pepto-Mangan 10 days. First count, 4,200,000 red corpuscles to the cubic millimetre. Second count, 4,250,000 to the cubic millimetre. No report from case since discharge.

Case 20.—Mrs. S. J., aged 31, patient Virginia Hospital. History of three acute attacks of appendicitis. Thin, anemic and nervous. Appendectomy. Gave Gude's Pepto-Mangan 26 days. First count, 2,644,000 red corpuscles to the cubic millimetre. Second count, 3,950,000 to the cubic millimetre. Gained 15 or 20 pounds in weight and is completely well.

TUBERCULOSIS AND ITS
TREATMENT BY THE LATER
METHODS.

The Journal of the American Medical Association, July 23, 1898, presents a report of A. C. Deardorff, M. D., San Francisco, made to the annual meeting of the American Medical Association at Denver, of 12 cases of tuberculosis treated by serum made by Paquin, of St. Louis, with four cases in first stage recovered, in second stage two greatly improved, one well in the third stage and several benefited.

In conjunction with serum Dr. Deardorff advises tonics, cod liver oil, antiseptics sprayed in the throat and lungs of boro-lyptol, listerin, etc. When pus exists in the sputum he uses the anti-streptococcus serum in conjunction with the anti-tubercle.

-Dr. Louis Lewis, 1733 Arch st., Phila.

THE BLOOD IN NEPHRITIS AND UREMIA.

Bruner investigated the has amount of water in the blood in 33 cases, and of the alkalis in 15 cases, of chronic nephritis of some standing. The state of the edema and the amount of urine and albumen were also noted. The dilution of the blood is one of the characteristic features in nephritis. The blood was obtained in these cases sometimes by means of leeches, when there was no edema, but mostly by venesection. The amount of water in the blood, in the serum, in the defibrinated blood, etc., was also estimated. The amount of solids in the blood stands normally at from 21.5 to 22.5 per cent, in the plasma and serum at 9 to 10 per cent., and in the red cells at 30 per cent. In only one of the 33 cases was the amount of solids in the blood normal; in the other cases it averaged from 17 to 19 per cent., and once it only reached 13 to 15 per cent. The author concludes that the dilution of the blood serum and plasma is regularly present in chronic nephritis, and is only exceptionally absent. The least amount of solids in the serum stood at 5.21 per cent., thus the serum contained almost twice as much water as normally. The blood cells in this case were

normal, and the amount of solid constituents in the red deposit was larger than usual. In considerable edema this dilution of the blood may be slight. Uremia exercises the most certain and obvious effect upon it. Under any circumstances considerable dilution of the blood was noted when the uremic symptoms were marked. The regular occurrence of this dilution shows that it is not a matter of chance. In no case was there marked dilution out uremic symptoms. In cases of oliguria the fluid not excreted must accumulate in the blood. The absence of plasmia is due to edema, and thus the edema is a compensatory event. A patient with oliguria feels com-paratively well as long as edema is present. The presence of the polyplasmia is an unfavorable sign, and the edema of the blood, as it may be called, stands in casual relationship with uremia. As a result of his investigations into the amount of sodium and potassium present the author states that there is a distinct tendency to a decrease in the sodium contents. Sodium is very necessary to organic oxidation processes, and thus the decrease in the amount cannot be a matter of indifference. The variation in the amount of water in the blood is of importance in prognosis. Stintzing's method can be used to estimate it. The empirical treatment of uremia is thus supported by experiment, and the value of watery purgation confirmed. Perhaps, also, it is of importance to give certain quantities of sodium salts in nephritis. The author sets forth in tabular statement the various features of his investigation. -Centralbl. f. inn. Med., May 7, 1898.

TANNOPIN.

Carl Fuchs reports seven cases from Drasche's clinic in which this drug was used. Tannopin is a condensation product of tannin (87 per cent.) and urotropin (13 per cent.), and was originally introduced by Nicolaier in the treatment of affections of the urinary organs. It is a brown powder, insoluble in most ordinary solvents, but splits up into

its constituents by alkaline intestinal juice. Its antiseptic and astringent value in catarrh of the bladder having been proved, Schreiber, of Ebstein's clinic, tried it in 32 intestinal cases, including acute and chronic catarrh, tuberculous enteritis and typhoid, giving doses of 71-2 to 15 gr. three or four times a day with very good results, especially in the tuberculous patients. Fuch's first case was one of tuberculous enteritis in a case of acute general tuberculosis; 60 gr., a day of tannopin were given for two days, with the result that the daily number of motions fell from 12 to one. The second case was one of acute diarrhea, which was rapidly cured, aswere also the third, fourth and fifth, patients suffering respectively from morbus cordis, which had been too vigorously treated with digitalin, phthisis, and chronic diarrhea of uncertain origin. The sixth patient, whose diarrhea came on in the course of Bright's disease, did not react quite so satisfactorily. Tannopin was given for some weeks, but the diarrhea did not cease entirely, though the stools were reduced in number from five to two a day. The last case was one of cystitis, and in this the smarting during micturition diminished, the flow of urine increased, and the urine itself became clearer and less purulent. The frequency of micturition was not diminished, but the amount passed each time was increased. respect tannopin is undoubtedly inferior to urotropin, its action on the urinary passages being only symptomatic; this was the conclusion arrived at by Schreiber as well. As regards the intestines, it rapidly diminishes the watery stools in acute enteritis, but in chronic diarrhea its action is less constant, being in some cases complete stoppage, in others only limitation in the number of the dejections.

—Die Heilkunde, August, 1898.

THE ASCARIS LUMBRICOIDES AS A CAUSE OF DEATH.

Vermeulen reports the case of a child aged 21-2 years, who became ill with anorexia and malaise. Some

·days later three ascarides were passed after a vermifuge, and the temperature rose to 102.2 degrees F. Again two worms were evacuated; the child was somnolent, but did not vomit. Later three worms were expelled by the mouth. The pupils became widely dilated; the fever continued; there was constipation unaffected by calomel and santonin, though castor oil produced a stool containing more worms. The abdomen became tympanitic and tender, and the child died comatose. author thinks there can be no doubt that the worms were the cause of this illness. Recently Chauffard has described a typhoid form of lumbricosis, and Tauchon has collected three cases of it. P. Marie published a case in a man aged 54, where it was impossible to exclude enteric fever with certainty, and Loi one in an infant aged 6 years, where all the symptoms of meningitis were present. In the latter case the diagnosis was made by finding ova in the stools, typhoid fever being excluded by the serum test. All these cases recovered under treatment in spite of the gravity of the symptoms, but the author's case proves that death may follow even when the treatment is suitable and the diagnosis made early. Marie observes that in the case of worms quinine has no antipyretic action, while santonin has, even though its administration is not followed by the expulsion of the parasites, and considers this fact to be of importance in the differential diagnosis. There are three theories as regards the etiology of the symptoms: (1) That the worms act mechanically by setting up pathological reflexes, (2) that they cause a true infection by raising the virulence of the intestinal micro-organisms through irritation of the mucous membrane and perhaps through their excreta (Chauffard), (3) that the asthemselves are Chansou and Tauchon proved this by crushing the worms and injecting the juice into guinea pigs. Marie thinks that the two latter theories are alone worth considering, as it seems impossible that a few (in his case three) worms could produce such an illness by mechanical irritation.

-La Belg. Med., June 23, 1898.

LATE DYSENTERIC ABSCESS OF THE LIVER.

Josserand draws attention to the fact that hepatic abscess may originate in patients who many years previously have suffered from dysentery, and it is therefore important in all cases presenting the signs of this condition to go most carefully into the history. It is quite possible that the occurrence of an attack of dysentery seven, eight or even ten years previously, and possibly forgotten by the patient, may be the cause of abscess of the liver. Several cases bearing this out are recorded by the author and others. Sometimes the symptoms closely resemble those of phthisis, there being wasting, night sweats and irregular temperature, with pleuritic friction and purulent expectoration. In one case the author found on post-mortem examination a very slight amount of chronic dysenteric ulceration in the intestine. From this he infers that a small intestinal lesion may be latent for a long time, and finally declare itself by causing hepatic abscess.

—Journ. de Med., July 25, 1898.

HYDATID TUMOR OF OVARY.

Schultze already described a case of true hydatid disease of the ovary in the Festschrift issued in 1894, the jubilee year of the Berlin Obstetrical Society, page 125. The cyst was nearly six inches in diameter, and was freely movable; 30 echinococcus cysts were enucleated from the omentum and mesentery. Last autumn Schultze operated on a second The patient was a case at Jena. married woman about 30; an attack of fever had followed her second and last confinement; she kept her bed for three months, and then, when 27 years old, recovered completely. For a few years, not precisely stated in the report, she remained well. For three years before the operation the patient was troubled with severe pain whenever she bent down, though she could lift a weight without feeling any pain at all. Schultze detected a cystic ovarian tumor. On opening the abdominal walls a shiny white cyst wall, moderately vascular, was exposed. The tube was stretched and drawn upwards, the

mesosalpinx ran normally onto the tumor, which was therefore clearly ovarian. On tapping an absolutely colorless fluid escaped. The pedicle was very broad; in passing the transfixing needle through its substance the operator noticed that some more colorless fluid escaped. Then it was found that the base of the cyst burrowed into the lower part of the broad ligament. In attempting enucleation the cyst wall was torn and an echinococcus escaped. So close were the deep adhesions that the base of the cyst could not be extirpated, but was fixed to the lower angle of the wound, the remaining three-quarters of the tumor were cut away. The peritoneal cavity was carefully searched, but no more hydatids were detected even in the omentum, mesentery or liver. The base of the cyst was washout and drained; it graned ulated and filled up very well. There was no rise of temperature during convalescence. Exactly four months after the operation the patient was in perfect health. ovarian cyst was full of characteristic daughter cysts. Schultze adds to his report a valuable bibliography of cases of echinococcus of the ovary. -Zeit. f. Geburtsh, u. Gynak, Vol. xxxviii, Part 3, 1898.

INTERSTITIAL NOT IDENTICAL WITH TUBO-UTERINE PREGNANCY.

Beckmann relates a case in his own experience where he found a true interstitial pregnancy, the sac being absolutely independent of the uterine part of the tube, whilst there was no question of a rudimentary horn or allied teratological condition. The patient was 27; her last pregnancy ended eight years since. The period was quite regular till it suddenly ceased, and when it had been absent four months she was seized with violent abdominal pain, followed by syncope and pallor. The peritoneum was full of blood, and a fetus was found in the coils of the small intestine; it was a male, over six and one-half inches long. A retroperitoneal hysterectomy was performed and the patient was saved. Beckmann describes the uterus and the sac with great minuteness, but without any drawings. The sac was asbig as an apple, and lay in the uterine wall close to the left cornu: the relations of the round ligament were normal, the left Fallopian tube ran on the uppermost part of the sac, a little posterior to the seat of rupture. The lumen of the tube lay normally in its substance, and did not communicate at any point with the cavity of the sac. The true uterine cavity was regularly lined with a decidua of a pale pink color, the wall of the sac bulged into it, but there was no communication between their cavities. There was a wellformed placenta lining the inner wall of the sac, where it bulged toward the true uterine cavity, extending to the upper part of the sac. The round ligament ran from the outside of the sac toward the inguinal canal, not from between the sac and the uterus. as in tubo-uterine pregnancy. The former site of origin is also seen in pregnancy in a rudimentary horn, but Beckmann examined the uterus very carefully and was satisfied that there was not a trace of any division of the uterus into abnormal cornua. Beckmann admits that this "true interstitial pregnancy" is closely allied to the tubo-uterine variety. The ovum imbeds itself in the musculosa of the uterus immediately on issuing from the uterine orifice of the tube. The author discusses the subject at length, quoting a large number of cases. He believes that if diagnosed very early the cervix may be dilated and the septum between the uterus and the cavity of the sac incised so as to allow of the delivery of the fetus. through the normal passage.

Zeit. f. Geburtsh. u. Gynak., Vol. xxxviii, Part 3, 1898.

BACTERIOLOGY OF EPIDERMIC PNEUMONIA IN SOUTH AF-RICA.

Kolle had the opportunity of making a bacteriological investigation of a pneumonia epidemic which occurred during November and December, 1897. A commission of inquiry was appointed at Kimberley to ascertain, if possible, the etiological factors of

the outbreak. There was a prevalent belief amongst medical men in South Africa that croupous pneumonia was distinct from the European disease in its etiology. Kolle's researches with regard to this recent epidemic go to prove that no such distinction exists. Out of 15 cases in which a post-mortem examination was made, Fraenkel's diplococcus was found in 11, whilst the influenza bacillus was discovered in four cases. In 18 sputum examinations the influenza bacillus was found in two cases, and the diplococcus in 16. No case was free from micro-organisms. Typical cultures of the influenza bacillus were obtained on blood agar, the diplococcus was cultivated on glvcerine agar. The death rate was unusually high, from 60 to 70 per cent. The epidemic occurred amongst the poor, who lived in badly ventilated dwellings. The pathological anatomy resembled the European disease in every particular; moreover, the biological characters of Pfeiffer's influenza bacillus and Fraenkel's diplococcus showed no variation in type from the commencement to the end of the epidemic.

—Deut. med. Woch., July 7, 1898.

AMEBAE IN DYSENTERY AND ENTERITIS.

Roemer, of Hamburg, first refers to the recorded investigations into this subject. His observations were made upon 17 cases of dysentery in adults and two cases of dysenteric diarrhea in children. The demonstration of the amoeba is easy. Some of the mucus is examined on a slide at about the body temperature. The specimen may be fixed with sublimate, then hardened in absolute alcohol and stained in logwood and eosin. The author found the amoeba in all the cases recognized clinically as dysentery, including those coming from abroad as well as those arising at home, with the exception of the two children. The amoebae showed active movements, especially in the cases from the tropics. There were no perceptible differences between the amoebae from tropical dvsentery and those from European dysentery. In both forms the amoe-

bae contained red cells or their remains, and in one case an eosinophyl cell was present. The amoeba mostly had a rounded nucleus and nucleolus, but sometimes several nuclei. The chromatin was sometimes ranged at either pole, as if division of the amoeba was taking place. In a few specimens the ectoplasm seen to be differentiated from the endoplasm. No encysted forms were found. The author was able to set up dysentery in two out of six cats by feeding them on dysenteric stools. Notwithstanding these results does not look upon the causation of dysentery as solved. The amoeba, like the monadines, may only saprophytic. The most important point in favor of the pathogenic properties of the amoeba is its exclusive presence in dysenteric patic abscess. Charcot's crystals were also found in the dysenteric stool in the author's cases. treatment consisted in rest in bed. milk, and later soups, tannic acid (1 per cent.) injections, and in acute cases decoction of salep. Hot fomentations were placed on the abdomen, and a strong ipecacuanha infusion or a preparation of the cortex of simarubra and granate roots was given by the mouth. The latter was very successful in three cases. Measures were also taken to prevent any possible spread of the disease.
—Munch. med. Woch., January 11, '98.

THE FACTORS PREDISPOSING TO PNEUMONIA.

Fermi and Montesani have carried an exhaustive series of researches into the conditions influencing the morbility and mortality from lobar pneumonia in various towns and in different classes of society. They show that meteorological factors are not the sole ones concerned in the spread of pneumonia There is no from town to town. doubt, however, that the character of the winds, the liability to sudden changes of temperature, and the relative humidity have an important influence, so that the liability of particular cities and districts to be infested with pneumonia depends upon their position with relation to moun-

tain peaks, lakes and the sea. Climatic conditions act also indirectly by influencing the habits of the indwellers. Thus, when these are such that much work is done in the open air there is often great exposure to chills, although the weather is in general mild. The prevalence of given diseases in certain towns may also be traced in some cases to the preponderance of some particular industry. The character of the inhabitants may play a further important part; thus, the habitual carelessness of the Neapolitans predisposes them to pneumonia far more than Piedmontese. Questions of diet, and particularly of the abuse of alcoholic drinks, must likewise be considered. Then, again, there is the economic condition of the various towns, increasing or diminishing as it does the resisting powers of the inhabitants; with this is bound up the equally important questions of public and personal hygiene. Failure in any of these conditions leads to increased morbility from pneumonia, and no doubt from all other infectious diseases, while at the same time there is a greater tendency on the part of those attacked by the disease to succumb to it. Above all, in spite of the lessened exposure there seems to be no doubt that the mortality from pneumonia is much greater in towns than in the country. In the large towns particularly the predisposing occupations are more numerous, and the economic conditions less satisfactory; the struggle for existence is keener and more severe, and the mode of life, particularly among the poor, less hygienic. The poor, indeed, tend to be herded together in unhealthy houses, to be fed with insufficient and unhealthy food, and to give themselves up to various forms of excess. All these circumstances must, according to the authors, be reckoned among the factors predisposing to pneumonia.
—Centralbl. f. Bakter, xxiii, 1-4.

CURE OF ANEURISM BY GOLD WIRE AND ELECTROLYSIS.

W. H. Noble describes a case cured in this way after the failure of iodide of potassium. The patient, a

man aged 37, had a large aneurysm of the abdominal aorta, the size of a fetal head. The tumor was exposed by a free abdominal incision and a hollow, gold-tipped needle inserted into the sac. Bleeding was free at first, but soon stopped. Eight and a half feet of No. 30 gold wire were passed through the needle and connected with the positive pole of the battery; a clay plate placed under the buttocks was connected with the negative pole. The current was gradually increased to 70 milliamperes during half an hour. pulsation in the aneurism diminished, but the patient became collapsed and cyanosed, rallying, however, under stimulant treatment. The wire was left in the sac, and the wound closed. The patient died six months later from some other affection, but there was no recurrence of the aneurysm. The author quotes 11 other cases treated in this way, four of which were apparently cured and six relieved.

-Philadelphia Medical Journal, June 25, 1898.

CONGENITAL VARICOSE VEINS.

Koenig has met with a case of an unusual form of varicose veins in a youth, aged 17. The patient complained of an ulcer, the size of the palm of the hand at the level of the lower and inner third of the right leg, and it was during the examination of this ulcer that Koenig noted the presence of varicose veins on the lower limbs and on the lower part of the abdominal walls. On the legs they had the usual appearances and arrangement of such varices, but at the upper part of the thigh on each side they became much more numerous, and were grouped together in the form of a fan. They ceased abruptly at the costal margins, and did not at all affect the penis and scrotum. The father and a sister of the patient were similarly affected, and he had suffered from no condition in his childhood which could have caused them. For these reasons they must be looked upon as congenital.

-Journ. d. So. Med. de Lille, May 21,

THE AFTERBIRTH AND HEMOR-RHAGE.

Tucker, of New York, had compiled tables of high value to the obstetrician in relation to the delivery of the placenta. He carefully distinguishes between cases where the placenta was born edge first, or maternal or fetal surface first, and between spontaneous expression and Crede's manual expression. Amongst other conclusions based on his statistics he finds that the "natural blood loss" (where there is no true flooding from any cause) is 7.4 oz. when the placenta is expressed by the Crede method within 20 minutes after the child's birth, but only 5.7 oz. when expelled spontaneously within 20 minutes. Natural blood losses occur relatively oftener when the placenta is born fetal surface outwards than when the other surface presents, but in the latter case the quantity of blood lost is greater. The natural blood loss is greatest in full-term labors, and in primiparae. It is interesting to find, and most important to note, that though the "natural blood loss" is higher on the average when Crede's method has been employed, post-partum hemorrhages are more frequent in spontaneous delivery of the placenta. The presentation of the placenta exercises, in cases of flooding, an influence the reverse of what is seen when there is only a natural blood loss, for more blood is lost in flooding when the fetal surface is born outwards, but true flooding is more apt to occur when the maternal surface is born outwards. Hemorrhages are more frequent, and larger in fullterm than in premature labors. The order of placental births in reference to loss of blood when all classes of cases are considered together are as follows, according to Tucker's statistics: (1) Edge first, maternal surface outwards, average loss, 10.8 oz. of blood (most); (2) material surface, first and outwards, average loss, 10.4 oz.; (3) edge first, fetal surface outwards, average loss, 10.0 oz.; (4) edge first, average loss, 9.2 oz.; (5) fetal surface first and outward, average loss, 8.8 oz. (least). Tucker analyzes these facts at great length, and refers to the opinion of numerous authorities on the birth of the placenta and membranes.

-Amer. Gyn. and Obst. Journ., June, 1898.

RUPTURE OF THE UTERUS, PROBABLY TRAUMATIC, IN THIRD MONTH OF, PREGNAN-

Hivet related the following case: A patient, aged 41, multipara, was admitted to the Hopital Necker on March 22, and died half an hour after admission. There had been amenorrhea for three months and a half, violent pains for three days. 21 symptoms of internal hemorrhage set in, and a voluminous fluid tumor was found in the posterior and left lateral culs-de-sac. The necropsy showed acute peritonitis. The two layers of the left broad ligament were separated by a large collection of fluid which had passed anteriorly between the uterus and bladder, raising the peritoneum, and posteriorly passed up into the lumbar region, following the utero-ovarian vessels. The uterus was three fingers' breadths above the symphysis pubis; the appendages were normal. On incising the outer border of the left broad ligament a fetus of three months, with its membranes, was found in the midst of a quantity of blood clot, and on washing out the cavity a circular perforation of the uterus, as large as a 5-franc piece, was found, forming a communication between the uterine cavity and the cavity in the broad ligament. vagina was intact. In explaining the condition the author excludes pathological alteration of the uterine walls, for these were found healthy; also external injury, for there had been none; also spontaneous rupture, for no case has ever been recorded so early in the pregnancy, and concludes, therefore, that the perforation was due to injury of the uterus from within, probably by a rigid sound. Most likely the orifice of rupture was at first narrow, and widened out under the influence of uterine contractions sufficiently to allow the passage of the fetus and its envelopes.

-Bull. et Mem. de la Soc. Obs. et Gyn. de Paris, April 21, 1898.

OXYTUBERCULIN.

Guinard has carried out some observations with a view to verifying some of the statements of Hirschfelder, Mondielli, and others on the effects of oxydized tuberculin. The first series comprised inoculations on healthy rabbits, as much as 5 c. cm. of tuberculin being injected hypodermically. There was no pyrexia of any importance, nor any appearance of any indisposition or any other derangement. There was an absence of local inflammatory reaction at the side of inoculation. Similar observations were carried out on heifers and guinea pigs, some being tuberculous. others perfectly healthy, and in no case was there any elevation of tem-Special records were kept perature. of the arterial pressure pulse and respiration, and in the case of a dog some hours after an injection there was very slight pressure, the pulse being the same. Respiratory movements were noticed to be slightly irregular. There was no vomiting or diarrhea. Thus the author confirms in every respect the statements of Hirschfelder that oxytuberculin produces no injurious effects of any kind. The author further made some investigations to ascertain if portal injection could in any way alter the reaction to oxytuberculin in view of the fact that the toxic effects of some bacterial products are intensified on passage through the liver. He therefore injected 20 c. cm. of oxytuberculin into a mesenteric vein of a dog weighing 11 kilos. Five and a half hours after arterial pressure pulse and respiration showed nothing abnormal. Thus it would seem that oxytuberculin has no pernicious effect on thermogenesis in either tuberculous or non-tuberculous animals, that none of the other functions is deranged.

-Lyon. Med., July 10, 1898.

HEADACHES FROM AUTO-IN-TOXICATION.

It is probable that in the treatment of migraine no remedy will ever be discovered that will meet all the indications in every case; it is, therefore, of importance that the physician should have at his disposal a number of efficient remedies, from which to make his selection according to the particular conditions present. Among these, caffein has for a number of years enjoyed great popularity especially in combination with other analgesics. Observations have shown that in a considerable number of cases of migraine, the condition is one of autointoxication due to the circulation in the blood of the products of faulty digestion and mal-assimilation which exert an irritant effect upon the nervous system. The value of caffein consists in its favorable action upon the vaso-motor system, and its marked diuretic influence, in consequence of which it promotes the elimination of toxic matter from the system. By combining caffein with phenacetin, however, a much more effective remedy is secured, for, aside from its recognized analgesic effect, phenacetin is an excellent internal antiseptic, preventing gastro-intestinal fermentation and the production of toxines in the intestinal canal. Much better results can, therefore, be expected from the combination of caffein and phenacetin, which has been introduced under the name of hemicranin, than from any single remedy ever recommended in the treatment of that numerous class of headaches due to auto-intoxication.



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MECHANICO-THERAPEUTICS.

INDICATIONS AND APPLICATIONS. BY T. J. McGILLICUDDY, M. D.,

Associate Professor of Mechanico-Ther peutics in New York School of Clinical Medicine.

In a brief sketch of some of the principles involved in mechanicotherapy, with its indications and applications, it is impossible to do more than to bring forward a few of the more salient points. The general conception of remedial agents among the laity, and we might also say to a great extent in the profession, is drugs, and drugs only. It is my belief that hydrotherapy is far more important than pharmacology, and that mechanico-therapy is of still greater value than either for chronic ailments. By mechanico-therapy the health is attained or enhanced by the curative principle which is contained in exercising the muscles, both voluntary and involuntary, and also by specificial mechanical operations upon different parts of the body. The treatment is both mechanical and manual, and by it the desired end is obtained in a perfectly natural man-

ner. By this means, in addition to dietetic treatment, there is brought about a healthful activity of the vital functions and a harmonious physical development, and this is accomplished by the law of cure in chronic ailments through growth and development, and is the result of the systematic exercise of the muscular system, which includes about all the body except the framework (bones and connective tissue), the padding (fat) and the nervous mechanism. It is simply the application of the physiologic law that exercise strengthens, and that all organic development is that of gradual growth. The exercise is adapted from the beginning to the strength, and is increased only by degrees in proportion to the increase of strength. If the exercise exceeds the strength, overexertion follows, which brings weakand a consequent loss of

strength. We increase daily the amount of work until the same amount of fatigue is experienced each day.

By specializing mechanico-therapy we can give medical treatment, which physicians generally cannot always administer conveniently their private offices. The specialist here stands in a measure in relation to physician and patient as an important adjunct to the ordinary drug treatment. The value of mechanical treatment in chronic disease is thoroughly well known in the Germanic countries. In France and Italy they recognize the great advantages derived from it, and physicians in this country are gradually becoming acquainted with its wonderful power, although the practical utilization of it is to-day in its infancy in the United States. Many who are unacquainted with the method of treating disease might consider it inferior to either that of drugs or hydrotherapy, inasmuch as its limits are confined to the cure of chronic diseases. It is, however, really preventive medicine, as by its improvement of the general health, it tends to prevent acute, as well as chronic, disease.

If one were asked what is included in mechanical treatment, it might be stated that mechanico-therapeutics include the treatment by the physicians of the sick (more especially those suffering from chronic internal diseases), the feeble, the convalescent and persons needing to counteract the effects of sedentary occupations; the application of active and passive movements, and manual or hand treatment. Mechanical treatment embraces a system of movements adapted to diseased conditions of the body, and depends upon the theory that if exercise is necessary to the maintainance of health, specific exercises, among other forms of treatment, are especially needed to restore healthy action to the bodily functions.

The foundation principles upon which we depend to obtain benefit for the patient are:

First—Stimulation by imparting activity and vitality to the tissues, and thus promoting metabolism.

Second—Invigoration by increas-

ing the ennervation and vigor throughout the body, re-establishing the natural functions.

Third—Derivation by acting on the blood-vessels through their nerves, and where there is a morbid condition of the circulation, congestions are often removed and a normal condition established.

Mechanical treatment may influence any portion or organ of the body, and the strength of the treatment may be modified in degree as required. Through excitation or stimulation of the nervous system absorption is increased, and metabolism is enhanced. The circulation, both venous and arterial, is made more active, and thus the heart is thus relieved of some of its work.

Between ordinary gymnastics and mechanical and manual treatment, under the guidance and supervision of a competent medical practitioner, there is this great difference: That whatever beneficial results that may happen to be obtained from ordinary gymnastics are wholly corporial, and are without any scientific, anatomical or physiological foundation as a result, but rarely does benefit follow. While frequently manifest injury results from over-exertion or from under-exertion, the time is wasted. Calisthenics as ordinarily employed by laymen were never intended to cope with internal diseases. Medical gymnastics not only cure external malformations, such as special distortion, but many internal diseases. We must therefore carefully differentiate between the purposes for which movements are employed. They may be classified as hygienic or as medi-

School calisthenics are a good example of the former, while medical gymnastics belong only to the province of the intelligent medical specialist, being the principal agent in the cure of many chronic ailments or a most important accessory to other remedies.

The following are some general directions and explanations for patients while taking the mechanical and manual treatment:

First—While you are under the treatment you should remember that to obtain the full benefit a great deal

will depend upon your regularity of attendance and intelligent endeavor to carry out instructions. The general aim of the treatment is to develop the body gradually and harmoniously. This requires time and continuous application.

Second—Every morning, before breakfast and after a special exercise, take a fine showerbath or a sponge bath containing a handful of salt to the basin of water. Then rub

briskly with a coarse towel.

Third. Carefully follow the dietetic prescription, eating as much of the simple yet nutritious food rec-

ommended as you can.

Fourth—The exercises are divided according to the different parts of the body, such as the arms, legs, head and trunk. These must be equally strengthened by the movements, so as to be kept in harmony. This enables us to undergo bodily fatigue, to endure sudden changes and extremes of temperature.

Five.—The exercises and manual treatment should never immediately follow a full meal. An hour or two should elapse. A light repast is sometimes advisable in weak pa-

tients.

Sixth—The breathing should be free, deep and regular. The whole attention should be given to the exercise. It should be carried out in the order prescribed, and no great effort should be made during any of the movements.

Seventh—The movements of the head should be executed slowly, while those of the arms, legs and trunk may be made more quickly.

Eighth—It is often desirable with weak patients to rest for a moment between the different exercises, and to avoid severe or prolonged exertion before or after the treatment.

Ninth—The clothing should be very loosely worn, the weight of the skirts being carried on the shoulders and not upon the hips. This is not imperative, but the throat, waist, arms, chest and abdomen should be unconstrained and without pressure.

Tenth—The physician should carefully note the effects and duration of the movements. Cardiac and respiratory auscullation should be prac-

ticed.

1. In the treatment movements for derivation of the blood to extremities may be employed as in active extension and flexion of the upper and lower extremities.

2. Movements may also be employed drawing a greater flow of blood to the abdomen and to stimulate the absorbents and arterial and venous circulation by manual treatment.

3. Active or passive rotation of the trunk at the waist is useful in many internal diseases, causing muscular activity and a greater flow of

blood to the abdomen.

The curative power of mechanical treatment depends greatly upon the fact that the work, as before stated, being under medical control and careful supervision, the laws of anatomy and physiology are followed, instead of the ignorant surmises of nurses. and Swedish and Prussian professors of gymnastics. From intelligent medical work great benefit can be derived from the various processes, not only in preventing and alleviating many of the ordinary chronic diseases of the body, but especially in treating those muscular deformities which are now handed over to the orthopedic surgeon. One thing is clear, that under proper medical care mechanical treatments can do no harm, but often prove most serviceable in chronic ailments. They occupy the patient's body and mind for some length of time, and are thus advantageous to those who cannot engage in active out-of-door employment of a healthful kind. It is almost a rule that the majority of delicate persons who become members of a gymnasium or join an athletic club are extremely apt to overexert themselves.

The department of mechanico-therapy should embrace mechanical treatment, manual treatment and hydrotherapy—water often used for its mechanical effects. The affections to be treated are those which are dependent on malnutrition, such as anemia, chlorosis, diabetes, obesity, neuralgia, neurasthenia, hysteria. Mechanico-therapeutics are of value in cardiac and circulatory disorders, bronchitis, asthma, phthisis and in chronic gastric and intestinal derangements. In fact, many diseases

coming under the division commonly

designated internal medicine.

The active movements, such as have for their direct object the exercise and development of the muscles, may be divided into four groups:

A. Active arm movements.

B. Active leg movements.

C. Active trunk movements.

D. Balancing exercises.

A. The active arm movements:

1. Arm raising, shoulder raising.

2. Arm sinking and bending.

3. Arm raising and stretching.
4. Drawing the arms together (ad-

4. Drawing the arms together (ad duction).

5. Drawing the arms apart (abduction).

6. Throwing the arms (circumduction).

7. (a) Arm rotation.

(b) pronation and supination of arm.

8. Forearm flexion.

9. Firearm extension.

10. Hand flexion and extension.

11. Finger flexion and extension.

B. Active leg movements:

1. Hip flexion.

2. Hip extension.

3. Hip knee flexion; hip raising.

4. Hip knee extension.

5. (a) Leg adduction. (b) Leg abduction.

6. Leg turning. .

7. Knee flexion.8. Knee extension.

9. Foot flexion and extension.

10. Foot rotation.

C. Active trunk movements.

1. Trunk bending forward (seated).

2. Trunk bending ferward (lying).

3. Trunk stretching (standing or seated).

4. Lateral flexion of trunk.

5. Trunk rotation.

6. Pelvis rotation.

7. Neck extension.

D. Balancing movements.

1. Trunk balancing.

2. Trunk rotation, seated sideways.

3. Trunk rotation, seated astride.

PASSIVE MOVEMENTS.

E. Passive movements.

1. Passive hand flexion and extension.

2. Passive radical and ralnar flexion of hand.

3. Chest expansion.

4. Passive pelvis rotation.

5. Pelvis lifting.

MECHANICAL OPERATIONS.

F. Vibration.

G. Percussion.

1. Leg percussion.

2. Trunk percussion.

3. Head percussion.

H. Kneading.

I. Friction and rolling.

Measurement or anthropometric apparatus.

Two dynamometers.

Tape measure.

Spirometer.

History—Book and for record of surgical examination by anthropometric measurements.

Record and history book.

A point which I wish to especially emphasize is that the passive and resisted movements are especially applicable to very weak patients and cardiac cases, when the disease is at all advanced.



TUBERCULOSIS OF THE MIDDLE EAR.*

BY SEYMOUR OPPENHEIMER, M. D., of New York,

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Voltolini (1) a few years ago first called attention to the tuberculous nature of certain morbid processes existing in the middle ear of otherwise healthy individuals. Previous to the discovery of the significance of the tubercle bacilli as a pathogenic factor in tubercular processes these middle ear affections presented no unusual features and were treated in the usual way, as were nontuberculous affections. The universality of the tubercle bacilli, its presence in all locations inhabited by man and its liability to produce morbid changes in all the tissues of the body, renders a study of tuberculosis always of paramount interest. Not only do the tissues of the viscera suffer from the ravages of this affection, but the special organs, and particularly the eye, are constantly involved in the tubercular changes common to the disease. The auditory apparatus is much less quently the seat of the affection, but when the middle ear becomes infected with the tubercle bacilli, not only do local changes take place destroying the auditory apparatus, but destruction of the adjoining tissues occur and life itself is threatened on account of the highly important organs destroyed by the morbid pro-

Tuberculosis of the middle ear may be primary or secondary, the primary form being very rarely observed, and then from the extreme difficulty of eliminating the presence of tubercular deposits in other portions of the economy, it becomes a matter of hesitancy to decide as to the diagnosis being essentially accurate. The obvious difficulties incident to the localization of a primary

deposit of the tubercle bacilli precludes a study of its etiology here, as it seems impossible to find a true case reported with sufficient evidence to warrant the title. The secondary involvement of the ear, the tympanic cavity being practically the first portion of the aural chambers to be affected, has hitherto been considered as occurring quite rarely, but recent investigation has given enough evidence to warrant the statement that tuberculosis of the middle ear is much more frequently complication of the affection of the body in other portions than is generally supposed. In the lower animals, especially guinea pigs, tuberculosis of the middle ear, both primary and secondary, is more or less frequent. In the experimental production of tuberculosis in these animals the middle ear is the part involved in numerous instances. One reason for the seeming neglect of the study of tympanic cavity in the tubercular process is due to the comparatively small area involved in relation to the serious visceral or general effects of the disease, as usually by the time the ear is attacked the pulmonary or visceral involvement is of such paramount gravity that the aural phenomena are considered as

The tubercle bacilli may be conveyed to the ear in three ways, first, through the Eustachian tube; secondly, by the blood vessels and lymphatic system, and finally, from the external auditory canal through a previously or newly formed perforation in the membrana tympani. The two latter methods of infection are relatively infrequent and will not here be considered, as they present no essential features differing from infection through the tube. In practically all cases of tubercular infec-

^{*}Read at the fifteenth annual meeting of the New York State Medical Association, held at New York, October 18, 1898.

tion of the tympanic cavity the contagium is conveyed to the part designated via the eustachian tube; therefore a study of this route will enable one to sufficiently appreciate the changes in this locality. Before the ear becomes involved the vault of the pharynx undergoes tubercular change, commencing with an inflammatory condition of the pharynx, with soft swelling of the adenoid tissue and mucous membrane and subsequent cheesy degeneration of the lymphatic glands in the immediate neighborhood. From here the infection is conveyed to the tympanic cavity by the ciliated epithelium of the eustachian tube, infecting this canal at various points along its course.

As the parts tympanica become involved proliferation commences, rapidly followed by the appearance of small, gray, tuberculous nodules in the inflamed and swollen parts, constituting the so-called tuberculous osteomyelitis of the pars tympanica. (2) During the progress of the mucus containing the tubercle bacilli along the eustachian various prominent points become intypical tubercular and fected changes take place. The most characteristic signs of the disease are found at the ostium tympanicum and at the isthmus. This preference, as it were, for these portions of the tube can be explained by the movements of the ciliated epithelium carrying the infective material outward from the pharynx to the middle ear; the isthmus from its projecting into the lumen of the tube acting as a resting place for portions of the mucus, while the entrance of the tube into the tympanic cavity affords still more of an irregular surface, and therefore is more liable to suffer from the infecting material remaining in the inequalities of the mucous membrane.

Shortly after the pars tympanica becomes the seat of the tubercular process small, miliary nodules occur in the inflamed lining mucous membrane of the tympanic cavity. The tubercular formations arising from the miliary tubercles increase in size and gradually encroach on the limited space of the middle ear, finally filling up this cavity, destroying the

mucous membrane and dislocating the ossicles, which in a short time become necrosed. The entire pars tympanica is converted into growths and the disease begins to involve the adjacent bony walls and antrum, extensive destruction taking place, the mastoid and internal ear being destroyed or else the patient succumbs to the general tuberculosis present. At an early period the disease invades the eustachian canal, destroying its bony wall and depositing tubercular nodules in the interstitial connective tissue of the facial nerve, separating the nerve into its component fasciculi and destroying it. The inner ear being destroyed the disease progresses until brain involvement takes place.

Aural tuberculosis may occur at any age from childhood until advanced life; the comparatively mild cases where there is little or no evidence of general tubercular lesions. but simply associated with glandular enlargements and the so-called strumous diathesis, occur most frequently in the child between the age of two and twelve years. From recent studies of the tympanic cavity in tubercular individuals authorities are being more and more convinced that this organ is involved in a greater number of cases than was commonly supposed. Habermann (3) found tubercle bacilli in the purulent discharge from the middle ear in five of our 24 individuals, all of whom finally succumbed to tuberculosis, while Nathan (4) in a bacteriological study of the discharges in the ordinary form of suppurating chronic otitis found the tubercle bacilli present in 12 out of 40 cases. In all of the cases in which this micro-organism was discovered, with the exception of three, marked evidences of pulmonary tuberculosis were present, while in the three cases presenting no evidences of general tuberculosis, carious degeneration of the bone of the tympanic cavity had progressed to a considerable degree. Impairment of hearing in tuberculous subjects, with or without physical evidences of middle ear infection, has been found present in 28 cases out of 294, thus making a percentage of 2.4 as the average of infection

of the auditory apparatus in tuberculous individuals. Milligan, (5) who has made a careful study of this subject, both clinically and experimentally, says that primary tuberculosis of the middle ear is much more frequent than is commonly supposed. We hesitate to accept this statement, however, for the reason stated in the previous part of this paper.

The course of the morbid changes after the tubercle bacilli have been deposited in the mucous membrane of the tympanic cavity may, according to Barnick (6) be either acute or chronic, the former being rare and associated with general miliary tuberculosis, the changes occurring so rapidly in the body that the aural involvement is not discovered except the post-mortem examination, while the chronic form is common and may be modified by the natural resistance of the parts, or conversely by the virulence of the pathogenic organism acting as the etiological factor. Most frequently this form resembles an ordinary specific otitic suppuration; it runs its course without pain, but, unlike the regular forms of suppuration of this region, it rapidly destroys the tympanic membrane by breaking down the small, miliary nodules which are deposited in the separate layers of the drum membrane.

The symptoms vary with the progress of the disease and the amount of destruction present. The first indication of the affection is the sudden appearance of pus in the external auditory canal, without any evidences of disease being present previous to the discharge. On examination the membrana tympani will be seen to be perforated and no other signs of inflammatory action will be discovered, the character of the affection only being ascertained by the discovery of the tubercle bacilli in the pus, or the rapid development of general or pulmonary tuberculosis subsequent to the original aural involvement. In general the symptoms are those of a non-specific suppurative inflammation of a low grade, with caries of the intra-tympanic bones. Subjective symptoms are infrequent, the purulent discharge alone directing the attention

of the patient to the ear disease. The absence of subjective symptoms is due to the insidious nature of the affection, the lack of pain depending upon "the freedom from reaction possessed by the phthisical organism."

Examination of the middle ear in a few cases will elucidate the nature of the affection, while in the majority of cases the objective signs indicate what is apparently the common form of chronic suppuration. The perforation in the membrana tympani is possibly somewhat characteristic; it is circular in outline, the edges are thick and everted, and instead of the congestion of the manubrial plexus and bright red color seen in ordinary myringitis perforation, the drum membrane is blueish-white in color, glossy and edematous, the color and general appearance much resembling the condition seen over the arytenoid cartilages in tubercular laryngitis. or less characteristic is the presence of two distinct perforations in the drum membrane. This double perforation is due to the deposit and breaking down of separate miliary tubercles in the drum head, giving it the appearance as if riddled with shot. When the ossicles are involved the adjacent bony structures are quickly attacked and the entire mastoid may break down at a very early period. Associated with these local symptoms is the general condition of the patient, so well known as to require no mention here, but as an additional symptom of value when present, is enlargement of the periauricular glands, these being frequently tubercular before the aural affection makes its appearance.

The nodules present in the middle ear are about the size of a mustard seed, scattered irregularly over the entire mucous membrane; in the early stage they are of a constant size, round in shape and have a defined border. sharply touched with a probe they are found to be hard and resistant, not giving way to ordinary pressure, and are readily dissected out from the tissue in which they lie embedded. As the disease progresses stil further the tubercles slightly increase in size and are greatly augmented in

number. The cells forming the tubercle also rapidly increase in quantity, shutting off the blood supply, and ulceration occurs. The tubercular process may remain latent in the aural cavity for a considerable time without apparently causing serious mischief, but complications, or rather extensions of the disease, usually occur sooner or later and

presage a fatal termination.

Haenel (7) has reported a rare complication, a case of incipient rupture of both the membranes separating the middle from the internal ear, as a result of tubercular caries of the tympanic cavity, both round and ovel windows being destroyed, (8)while Bezold says that of the hyperplasia bones the middle ear and of the footplate of the stapes may also occur. Somewhat doubtful is the production of general tuberculosis by previously existing otitis media suppurativa, but as high an authority as Von Troltsch (9) claims such to be a possible result, although the connection is as difficult of proof as it is probable on general grounds.

Early diagnosis of tubercle of the tympanum is of great importance, as prompt remedial measures offer a chance for removal of the diseased area in a limited number of cases.

It is rarely that a diagnosis of the tubercular nature of the aural discharge can be made from mere inspection of the membrane and middle ear, it is necessary not only to carefully consider the local affection, but search must be made for the tubercle bacilli, and much information can be gained from a microscopical study of a portion of the diseased tissues. Should tuberculosis be suspected and examination fails to discover the specific bacteria; it does not necessarily follow that the affection mentioned is not present in the tympanic cavity, as frequently it is necessary to make a number of examinations at intervals before the character of the disease is conclusively proven.

In practically all cases a microscopical examination for the suspected bacilli is necessary to accurately diagnose the condition, various methods for staining and differenti-

ating the bacillus are in vogue, but the following is useful in diagnosing tuberculosis of the ear. A minute amount of the pus removed from deep in the tympanic cavity with a sterile platinum loop, is smeared over a cover glass, then dried by passing over the flame of an alcohol lamp and placed in fuchsin solution. The solution containing the cover glass is now warmed until it begins to smoke, then with the cover glass remaining in it, is allowed to cool for an hour or two. The cover glass is then taken out and decolorized with dilute nitric acid and stained with malachite green, and is then

ready for examination (10).

The prognosis is unfavorable as regards the hearing, complete deafness usually resulting from disorganization of the middle and destruction of the internal ear, and as the bone becomes involved the danger to life is greatly enhanced. In all cases therefore an unfavorable prognosis must be given. Should the tubercles be localized in the ear the operation seeking removal of the eased area may be suggested, but must be undertaken with the understanding that rapid miliary tuberculosis of the entire system is apt to result. Locally the various remedies used in laryngeal tuberculosis may be tried. Chloride of zinc, iodoform and lactic acid are probably the best, especially the latter under cocaine anesthesia and following curettment of the diseased area. General remedies, as in tuberculosis elsewhere, are very needful, the patient being built up to withstand the ravages of the disease as far as possible.

-706 Madison ave.

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MENTALLY DEFICIENT CHILDREN.

BY KATHARINE COLLINS, M. D., Atlanta, Ga.

The subject which I bring before you for consideration is not a new one to you, and my excuse for presenting is that I believe the mentally deficient child has hitherto not engaged the attention of the general practitioner to the extent warranted by the needs of the case, and while it is to the specialist such cases must ultimately be referred, it still remains for the family physician to point the way.

My own personal contact with many children from all grades of society has led me to realize that a closer line should be drawn between the normal and the abnormal mind and special attention directed toward the latter, and such disposition made of them as to best promote individual happiness and insure public safety.

For the etiology and classification of these cases I have drawn largely from the writings of those who have spent years among the defective class and studied it in all its phases.

For the possibilities in the lines of improvement I give you the experience of others and my own observations.

The earliest efforts to instruct an idiot were made by Itard, of France, in 1800, on a boy found running wild in the woods. Essays, also, upon the subject were written by Voisin and Esquirol, but it remained for Seguin, a pupil of Itard and Esquirol, to make systematic and serious efforts to improve the condition of mentally deficient children.

His first experiments, in 1837, were with the inmates of the Hospital for the Incurables. Later he was appointed to apply his method to the children of the Bicetre.

Simultaneously with Seguin's work in France Dr. Saegert, in Berlin, and Guggenbuhl, in Switzerland, were making experiments along the same lines, but it was Seguin's great work, entitled "Traitement moral, Hygiene et Education des Idiots et des autres Enfant Arrieres," that laid the foundation for the emancipation of the imbecile class.

A few years later in England a small school for imbeciles was start-

ed; others soon followed, while in the United States efforts were being made to benefit the idiots by training them in connection with special schools for the deaf and blind.

Massachusetts was the first State to make specific provision for this class, by appointing a commission to investigate the number and condition of idiots in the State. Dr. Howe, instructor of Laura Bridgeman, was chairman, and the report of this commission led to an appropriation of \$2500 for the establishment of a school.

Other States soon followed the example set by Massachusetts, and at the close of 1895 sixteen States made special provision for 6000 mentally deficient children. The census of 1890 gives a total of 95,571 idiots and imbeciles, leaving 89,571 unprovided for.

England provides for 2700, and estimates a total of 4600.

Germany supports 29 institutions, together with the auxiliary schools or "Hulf Klusse," that are in connection with the public schools proper.

Switzerland, Norway and Denmark also recognize and make provision for these unfortunates.

Such in brief is the historical outline of this work as it has progressed in the countries mentioned.

The term "idiocy" is misleading, as it is so variously applied by different writers. Landon Carter Gray defines it as "a congenital condition of mental defect that is technically distinguished from that mental defect of later years which is known as dementia. The symptoms are those of lack of development, and this lack of mental development may vary very much in degree."

The term "idiot" seems in this definition to include all classes of mental deficiency, and to make it always congenital in its origin.

Charles K. Mills gives three divisions of this class: "Idiots, imbeciles and cretins." He considers idiocy as congenital or acquired in early life previous to the evolution of the mental faculties.

While the division into the above

classes is often confusing, the division as to time of acquisition is very definite, separating it entirely from those cases occurring in later life, such as dementia. Mills uses the terms imbecility and feeble-mindedness interchangeably.

Shuttleworth, of England, includes all grades under the term "mentally deficient," and groups them according to time of acquisition with a pathological subdivision. Like all classifications, it is more or less imperfect, but it gives a convenient working outline and is adopted by many institutions.

The first division is that of congenital origin, under which head we have the microcephalous, hydrocephalous, mongol, scrofulous birth palsies, cretinism and primary neurotics.

These forms may exhibit any degree of mental defect from the low grade idiot to the merely backward child, according to the extent to which the primary cause acts.

To enable you to understand the table better I will call your attention to a few points in each case, but for a fuller description will leave you to refer to any good text book upon the subject.

The microcephalic in its extreme form is characteristic of low grade idiocy. An attempt was made at one time to establish in these cases 17 inches as a limit of circumferential measurement; such a limitation seems not to be wholly satisfactory, though Fletcher Beach states that heads measuring less than this never show any signs of intelligence. The diagnosis, however, of this condition is not based upon measurement alone; the characteristic receding forehead, pointed vertex, flattened occiput, with the bodily peculiarities, will not leave one long in doubt as to which class the subject belongs.

Hydrocephalous is occasionally congenital and does not always produce mental enfeeblement. Distinction must be made between this condition and rickets; in the latter the fontanelle is depressed and the head elongated in the antero-posterior diameter, while in the former the fontanelle is raised and the crossed diameters more nearly approximate.

In the Mongol or Kalmuc type, so named from a strong resemblance to these races, the skull is short, the transverse and longitudinal diameters nearly equal, the frontal and occipital planes are almost parallel; the tongue is transversely fissured and has hypertrophied papillae; the eyes are frequently set obliquely. Autopsies in these cases show the brain to be made up of coarse convolutions.

Shuttleworth and Beach agree that the Mongol variety is often the last born of a long family with a tubercular family history, and it is not unusual for them to die in early life of tubercular affections.

Cretinism, which is characterized both by the lack of physical and mental development, when it occurs in utero results in death to the fetus, but in some cases the congenital taint is developed after birth. These cases are recognized by the low stature, large head in proportion to the body, flat on top, narrow in front and spreading out toward the sides; the hair is coarse and bristle-like, the forehead low, the skin loose and rough.

The thyroid gland is absent and fatty tumors are formed in the supraclavicular, region. The Cretin is usually of a low grade of mentality, but not vicious; they have rather an affectionate disposition, can recognize their friends, and seem in some cases to understand a little of what is going on about them.

According to the experiments of Dr. Telford Telford-Smith, of England, improvement has followed the administration of the thyroid extract in cases of sporadic cretinism, and reversion to the former condition occurs upon withdrawal of the remedy. Removal from the low valleys, where these cases occur, to higher altitudes seems to have a modifying influence.

Birth palsies will be considered under traumatic injuries to the newborn.

Of the next division little need be said, as it is a familiar condition.

Dr. Ireland claims that two-thirds of the idiots show scrofulous diathesis; strumous glands, tubercular disease of the joints and serous membranes are frequent accompaniment of mental defection.

The next division is the primarily neurotics. I am rather inclined to take issue with some authors upon this point. My experience leads me to believe that while mental enfeeblement may show itself in the child where parents are neurotics, yet there is oftener a condition of stability of the general nervous system accompanied by a high grade of mental development. Should, however, this neurotic state be grafted upon an epileptic, tubercular and other deprayed condition, then mental enfeeblement of any degree may result.

The second general class, Developmental, is where a latent or unstable condition of the central nervous system exists, congenital in origin, but not exhibited until precipitated by some crises.

Convulsions during the first or second dentition and the changing conditions of puberty often mark the downward path of an already tottering mind. Epileptic seizures frequently do not begin until the sixth or seventh year, and up to that age the child may seem as bright as other children.

In those cases of inherited syphilis the characteristic lesions may occur early, but mental deterioration rarely begins before the second dentition.

The third general class consists of those cases which are non-congenital, and under this head we have traumatic, post-febrile shock, and toxic cases.

Traumatism may act at the time of birth or later. A severe fall in early infancy, producing injuries resulting in pressure upon the brain or causing meningeal hemorrhage, may result in degeneration of the brain substance.

As to traumatism at the time of birth, much has been said and written. Dr. J. Madison Taylor, of Philadelphia, several years ago carefully collected the opinions of many specialists regarding the number and extent of cerebral injuries due to forceps deliveries. I will give briefly some of the replies he received:

Jacobi writes as follows: "That

while forceps may do injury by the fact that the very pressure of the blade narrows the canal, but the greater danger arises from the prolonged labors."

Drs. Sarah McNutt, of New York; Fullerton, of the Woman's Hospital, Philadelphia; Martin, of Ann Arbor; Davis, Sinkler and Hirst, of Philadelphia, look upon prolonged labors as the more fruitful source of these cerebral injuries in the newborn.

Dr. William Goodall, however, is quoted as follows: "My experience would lead me to the belief that the great majority of cases of cerebral palsies are due to acute, unequally distributed pressure of the forceps upon the child's head, rather than the prolonged but equally distributed pressure in an unaided labor."

Dr. Joseph Price states that during his stay at Preston Retreat he did not have a direct or remote cerebral sequela of parturition in infants, though there were many complicated labors, some with contracted pelvis. Dr. Price fiercely denounces the promiscuous and unskilled use of the forceps.

Post-febrile conditions producing meningeal inflammation may cause more or less deterioration or arrest of development. Shock in the form of fright is sometimes assigned as the origin of mental defect, and where it is prolonged may, by interference with nutrition of the nerve centres, bring about trophic changes more or less permanent in character.

Toxic cases are seen in very young children that are subjected to longcontinued use of alcohol or narcotics.

Instead of going into a long discussion of the etiology of mental deterioration I will run over a few tables that will, I think, give you a better idea of the subject than any words of mine. The first is:

Beach and Shuttleworth, Royal Albert Asylum, 1200 cases.

I. CAUSES ACTING BEFORE BIRTH.

Phthisis													291
Mental	stra	in											191
Insanity			 										182
Intempe													
Syphilis			 	٠		٠						٠	16
Illegitin	acy			٠	٠								23

II. CAUSES ACTING AT BIRTH. Primogeniture
III. CAUSES ACTING AFTER
BIRTH.
Infantile convulsions391
Acute infectious fevers119
Head injury 99
Epilepsy and cerebral affections. 57
Dr. Pearce, of Philadelphia, has,
from the statistics of many institu-
tions, compiled several very valuable
tables. I will only quote the one giv-
. 17

CONGENITAL.

tal enfeeblement.

ing the causes assigned for the men-

Pater. Mater.	
Imbecility	
Inebriety	
Nervousness	
Epilepsy)
Hysteria 5	
Shock	
Insanity	
Overstraining during gesta-	
tion	
Syphilis	
Phthisis and consanguinity. 17	
ACQUIRED.	
Accident	,
Abuse and neglect10)
Infantile disease95	5
Sunstroke	5
Instrumental delivery)

The incongruity between the number ascribed to imbecility, alcoholism or any other cause that would reflect discredit to the parents, and the number ascribed to overstraining in this direction. Punishment marked in these tables, and allowance must be made accordingly.

A few words as to the moral imbecile before taking up the disposition of the mentally deficient. He belongs to a class apart from the others. Frequently the mental powers are good, but totally lacking in moral sense and not amenable to any teaching; in this direction. Punishment and persuasion alike fail and he has no moral sense to appeal to. He is the despair of his parents and teachers, and his influence among other children is bad. Lifelong detention is at present the only disposition that can be made of such cases.

We will now take up the management of the mentally deficient as it is exhibited by the special institution. The late Dr. Kerlin was very active in initiating the work in this country that has proven so beneficial to the public at large as well as the individuals. In olden times the Greeks destroyed their "fools," but in this Christian age we are not permitted to resort to such extreme measures, so it remains for us to protect the people and promote the happiness and usefulness of the individual by educational means.

In the many institutions provided for this class the school system takes precedence over the custodial. In fact, the entire institution might be considered a school, inasmuch as some degree of training is (with few exceptions) resorted to in all cases. The faintest ray of intelligence is carefully looked for, and when found acts as a lever to open the mind to

other impressions.

The hand is generally the first to receive attention. The useless hand of the idiot is familiar to all. The simple act of raising a cup of water to the lips is often denied it; but after training many of these children can make beds, sweep and perform other domestic duties. Every possible means is resorted to to at least raise the independence of these children, who cannot perform the simple acts of daily life that the normal child does continually, unconscious that it ever had to learn to do just that one thing.

Sometimes a child is labored with for years in this simple way until he has reached a point of development where he can enter into the kindergarten work; from there take up the sloyd or manual arts, on into what corresponds to the primary and intermediate grades of our public schools. Here at the age of 20 years you will find him with a fair amount of knowledge of geography, arithmetic, spelling, etc., able to perform in a very intelligent way rough carpentering work, gardening, etc. It is possible now for him to be sent out to earn his own livelihood, providing he be placed under proper supervision and not subjected to temptation. of these cases are not primarily vicious, but often show a sweet, lovable nature, capable of much good or evil, according to the influence that surrounds them. The will is weak, and they become an easy tool to their

more evil companions.

Institution work is organized upon a broad scale to meet every requirement. Military drill and calisthenics receive special attention, and together with all manual work prove important factors, for mental specialists generally agree that the education of the body helps to develop the mind.

A band is usually formed from the inmates. Entertainments are given at intervals wherein the children take active part. Sewing and all domestic duties are taught, together with gardening, carpentering and the general care of the premises. As a consequence the number who are absolutely helpless is greatly reduced.

How much better this condition than the retaining of such a child in the home where it degenerates instead of improves, bringing trouble and anxiety to all about him.

Many parents would send such children to special institutions, but are debarred from doing so through financial reasons, and as yet comparatively few States make provision for them. Others are deterred from doing so through a false sentiment; this would be overcome if the institutions were considered more in the light of schools than asylums.

There is a class of the mentally defective found in our schools which represent the borderline cases, recognized oftener by the teacher than the physician. Such cases exhibit incapacity in one or more directions, being normal in other respects and often excelling in some one line.

These children, while capable of receiving an education, cannot be treated as the normal child. School authorities, realizing this, are making efforts to provide special instruction (as is done in Germany) for them in connection with the city schools.

Every city should have an "auxiliary school" centrally located, where these children can receive individual training. After special training a child may be permitted to take its place in the regular school work.

These children's minds are like some plants; they need more tender care to start them growing, but when once a foundation is laid become vigorous and hardy; but if deprived of this initial care, grow up weak and distorted.

The anemic child must not be confounded with actual mental defect, for in the former the sluggishness of mental activity is a general condition dependent upon improper nutrition, and such a child should not be in school at all, but given proper food and outdoor life until the anemic condition is overcome.

In closing I would say a few words concerning State economics as related to this subject. The providing for these cases by the establishment of State institutions for the severer cases and auxiliary schools for the milder ones means, of course, a large expenditure of money, but one function of the State is to protect and care for its own, and after all is it not better and more economical to support such institutions for the improvement of a class than penitentiaries and poorhouses for the detention of the criminal and disabled? Sooner or later a large proportion of the mentally deficient become wards of the State in one capacity or another.



Society Reports.

MEETING OF THE SOCIETY FOR MEDICAL PROGRESS OCTO-BER 12, 1898.

At the New York School for Clinical Medicine.

Dr. Louis Fischer, President, in the Chair.

Professor Ludwig Weiss, M. D., demonstrated some new dermatological preparations and genito-urinary instruments, which he brought home from his recent sojourn to the medical centres of Europe. He dwelt cursorily on the radical changes in the diagnosis and therapy of skin diseases, which emerged through Hebra, from empirism and systemless systemization into a welldefined discipline, resting on pathological anatomy and consequent aimfull therapeutics. Unna and his school have taught us to individualize the remedial actions, as well as the vehicles and the mode of application. The mainstay of all dermatotherapeutics were from time immemorial the fats in form of salves, as prototypes of healing potency, and they dominate yet with the right of the just. But some skins revolt against fats, and so Unna devised years ago already, the so-called pastes made with dextrin, bolus, gelatine, as a base. Then followed the varnishes, which are soluble in water and give a thin coating to the skin. The newest of them are the inguentum caseini and the gelanthum. The former consists of an alkali-caseinate, glycerine, vaseline and water; the latter of tragenth, gelatine and water. They mix with ichthyol, resorein, chrysarobin, zinc, bismuth, etc., and are excellent protective and healing applications to the inflamed and oozing skin. He exhibited also another form of skin coating, called the zink, gelatine, which serves as a base to other ingredients, like ich-

thyol, zink, etc., an extremely useful and soothing skin varnish. It has to be melted before brushing it on.

Among other urological ments he exhibited the intra-urethral case of Kollmann, Leipsic. It contains all the delicately-built, slender little instruments used for treating the infected urethral follicles, like the crypts of Margagui and the glands of Littre. An aimfull treatment of chronic gonorrhea is impossible without them. They are to be used with the Nize-Oberlander urethroscope, where the electric light can be introduced into the visceral end of the endoscopic tube, permitting a direct and brilliant illumination. Under the guidance of which we can use the slender knife for slitting up clogged follicles, the bayonet-shaped electrolyrer to destroy gaping gland ducts; the fine injection canula to be connected with a miniature guyon syringe for the injection of caustic solutions into the glands, etc.

For the prevention of gonorrhea he exhibited a small contrivance much used abroad. It consists of a small bottle, which ends in a small nozzle, and is encased in a metal cap, with a tap screw. The whole apparatus measures about one inch and a half, can be carried in the vest pocket, has no telltale features about it, and contains a two per cent. solution of nitrate of silver, to be used immediately post actum. It is called after its inventor, Blokuszewski's bottle, and is a very recommendable instrument.

Dr. S. P. Cahen requested informa-

tion regarding: Are the instruments the result of cure or only theoretical value, and asked if the two per cent. Ag No3 solution is really of value.

Dr. F. Lowenstein said AgNo3 as a curative in two per cent., or five per cent., was of no value, and found urethra full of gonococci frequently.

Dr. B. Lapowski said this was all new to the general practitioner. AgNo3 was good for a man who never had gonorrhea, claiming it to be doubtful if two per cent. would kill, and of no value if the man drinks or has intercourse; in reference to instrumentation he thought one should make himself acquainted with the biological and pathological condition of the urethra, and if one wants good results he must fully open follicles.

Blokuszewske's ingenious service may be of advantage in some cases, provided (1) the injection is made into a urethra which was never before attacked by the gonococcus; and (2) immediately after coitus. Even if the injected drops do reach the gonococcus, it is very questionable whether the strength of the solution used is sufficient to deprive the gonococcus of its vitality.

In summing up Dr. Ludwig Weiss, in answering to the questions of the different members, remarked that Blokusewsky's little preventive bottle was indorsed by no lesser an authority than Professor Neisser, of Breslau, and by the profession at large in Germany. As to the value of a 2 per cent. solution of nitrate of silver for the destruction of gonococcus, there can be no doubt, as Crede has pointed it out years ago, when he recommended the instillation of such a solution into the eye of the newborn immediately after delivery. The instillation coitum of such a solution with such a handy little contrivance gives protection which borders almost on absolute surety. As to the local treatment of the urethral glands, such a step is indispensable when we remember that the gonococci may be stored up in them and rest dormant there for years, always ready to emigrate to the surface again and set up under favorable circumstances a subacute urethritis.

DEMONSTRATION BY DR. LEON F. GARRIGUES.

Gentlemen: The specimen which I have brought for your inspection this evening is a suppurating multilocular ovarian cyst. It filled the whole abdominal cavity, and was densely adherent to the diaphragm and intestines. The pedicle was twisted completely around.

Cysts of this size are becoming rare, as they are nearly always oper-

ated on earlier.

A curious circumstance in this case was that the woman did not suspect she had a tumor at all. She had had three children in the past four years, and, as she expressed it, her stomach was a little higher after each, which she considered natural.

Her family physician, on discovering the mass, introduced a trocar and withdrew a waterpail full of a grayish viscid fluid. Then some hard masses, about the size of a small fetus could be felt through the abdominal wall, so he came to the conclusion that she had an abdominal pregnancy, accompanying the uterine one that had just ended.

He sent for me to see the case. She was then running temperatures of 101 and 102 degrees Fahrenheit, but only had slight abdominal pain or

tenderness.

I made a diagnosis of ovarian cyst, probably suppurating, and so it proved to be when I subsequently removed it by laparotomy. The hard masses were the small compartments at the origin of the cyst. The muscular elements in the abdominal wall had almost! entirely disappeared on account of the enormous distension. The abdominal wound was carefully closed with three layers of sutures.

The operation took a little less than one hour to perform, and the patient made an uneventful recov-

ery.

Professor H. J. Garrigues demonstrated a specimen, consisting of the uterus and part of the vagina of a woman sixty-eight years of age. She had consulted him for a prolapse and severe hemogrhages. He found the cervix partly protruding from the vulva. There was a nearly com-

plete inversion of the vagina. The cervix was drawn out and thinned, forming a body of the shape and size of the middle finger. On account of the stoutness of the patient the body of the uterus could not be felt. When. she was anesthetized, a large, hard mass could be felt on either side of the uterus, which might be fibrous ovaries or sub-peritoneal uterine fibroids. When the posterior culde sac was opened nine fibromas, varying from half an inch to two inches in diameter, were pealed out before the uterus was sufficiently reduced to allow it to be turned out through the opening. The broad ligaments were ligated, and the uterus with cervix and a large part of the vagina re-There was moved in one piece. hardly any loss of blood.

The muscular tissue had all disappeared, and the fibromas were only held together by loose connective tis-

sue.

The patient rallied nicely, but developed a pneumonia, to which she succumbed on the sixth day after the operation. The autopsy showed that the abdominal cavity was closed at the seat of extirpation, and that there was no trace of inflammation.

A paper by Dr. T. J. McGillicuddy was then read, entitled "Mechanico-Therapeutics, Medications and Applications." (See "Times and Register," page 257.)

DISCUSSION OF PROFESSOR T. J. Mc-GILLICUDDY'S PAPER. NEW YORK.

Professor Louis Fischer opened the discussion by expressing gratification at the benefits of this line of treatment connection in chronic diseases. It especially appealed to him as a very valuable means of benefiting chronic pulmonary ailments, and more especially where the patients were unable to go to proper climate for the relief of chronic tubercular lesions which were due to improper expansion of the lung tissue and which could be benefited by proper pulmonary gymnastics. He then presented a girl about 15 years old that had been under his care at the New York Postgraduate Medical Hospital (Children's Department) since 1893, and had been constantly under observation at least once a week at the Children's Department of the German Poliklinik more recently. This girl came under treatment for the relief of an epistaxis, and showed some signs of cough, but no expectoration. This was in '93. She complained of chills, had a temperature of about 100, complained of general malaise, and, while she did not emaciate, her weight remained at a standstill for several months. This latter fact was my reason for expressing the opinion that she suffered with pre-tubercular anemia. At this age of a child's life, especially where the normal tendency to development exists, and more especially when we must consider the probable development of menstruction, the physiological increase of weight is always well marked. The treatment consisted in giving nutritious, easily digested food, such as farina, rice, barley and sago, oatmeal and hominy with milk, butter, eggs and veal, mutton, beef and chicken broth. All foods which are difficult to digest, such as pastries, pies and cakes of all kinds, were excluded from the dietary. The hygienic treatment consisted in putting the child as much out of doors as possible and ordering the windows open at night; exercise, by compelling the patient to walk into the open park, rain or shine. The fallacy of keeping patients indoors during rainy weather or damp weather is worth mentioning. While the child was in the open air she was instructed to avail herself of pulmonary gymnastics by drawing deep but slow inspirations and also slow expira-tions, so that all the lung tissue, more especially alvoli, might be filled with air. This portion of the treatment can certainly be called mechanico-therapeutics.

In addition to this cold sponging of the body and friction with a Turkish towel were also advised morning and evening, so that we could stimulate the circulation. Cod liver oil inunctions were ordered every third evening, and the only treatment (medicinal) consisted in giving creosote carbonate, commencing with five drops three times a day, and gradually increasing it until 25 drops

three times a day had been given. I take great pleasure in presenting this case to you this evening, and you can easily see how a possible fatal tuberculosis has been avoided by careful management. One point is still worth noting, namely, that although she is in her 18th year, menstruation has not yet appeared.

Professor Fred C. Valentine said:. "I regret that I was unable to be present at the reading of Dr. McGillicuddy's paper. The interesting demonstration just given is certainly instructive and shows the value of intelligently applied mechanico-therapy. My incompetence to discuss the paper does not prevent my appearing as an inquirer. I do it on behalf of a most distressing case, in the hope that scientific mechanico-therapy may offer suggestions which will enable me to better the treatment. I speak of a man aged 45, who some years ago was the subject of internal urethrotomy, later of external urethrotomy, and afterward of suprapubic cystotomy. His urethra at the time of his first visit measured 20 F. His bladder, however, was shrunken so that it would hold only 28 to 30 c. c. (one ounce). He voided every 15 minutes, day and night, 20 to 25 c. c. of very putrid, purulent urine. The production of so much pus, the loss of sleep, the continual pain, all made him a pitiable object. I proceeded by the use of the irrigator that bears my name to forcibly dilate the shrunken bladder. In 11 days' time I succeeded in causing his bladder to hold 75 c. c. He urinates now between five and six times at night instead of 32 times; during the day he urinates every hour and threequarters. Sometimes he holds his urine two hours. He voids his urine without pain and with considerably less pus. I offer this case to ask whether I have not in my ignorance applied mechanico-therapy and to ascertain from my better informed col-leagues if and how mechanico-therapy more intelligently applied will improve my treatment of the case.

Dr. S. P. Cahen thought massage was the main feature in mechanicotherapeutics, and thought the whole difficulty lay in the way of massage, found beneficial in atony of intestinal canal and stomach, and found it beneficial in case of writers' cramp and bladder trouble, when massage was done directly.

Dr. McGillicuddy closed discus-

sion.

TRANSHYDATID CYSTS OF THE KIDNEY.

Ingenical diagnosis is difficult; error is frequent. In twenty-eight cases reported, twenty-one by Boekel and seven by us, there were thirteen errors in diagnosis; four times the operator made an approximate diagnosis, and in eleven only was he definite. Mistakes have been made by Nelaton, Baldwin, Haussner, Bonilly and Vogt. Certainly piece exploratory incision has become safe; mistake is becoming much rarer. The usual necessory proof that hydotids are lodged in the kidneys in the presence of a tumor with two ecchiccococci in the urine. It is true that only a vesicule perst into the rectal pelvis the entozoa will be wanting, and, on the contrary, as Le Danta has recorded, one may discharge hydatids in the urine, when no trace of a tumor can be made out. The exploratory puncture is an important aid, and not commonly harmful, if proper care be exercised. Moissenet has shown, in his important work on this subject, not only how these punctures are made to escape injury, but also demonstrates how, in healing a complete cure may be effected through their employment. Hydratid-cyst of the kidney is always a retroperitoneal growth, generally oblong and rather flat in outline. But the ascending colon lies in close contact with it, and often very large veins ramify over its walls.

Boekel has shown that while prevention may sometimes succeed, it is not without dangers. The intestine has been wounded, and large blood vessels have been opened. Heussner made an exploratory punction, and evacuated a clear non-albuminous fluid; it did not have the odor of urine and had no hooklets in it. It has been claimed that another danger of the puncture is that, aseptic or not, it may provoke supparation—"may set fire to the house." Bail-

ly's patient was punctured twice by Pean, the second time without result. An operation esupparating cyst was forced. Le Dentu's patient had also been previously drained by puncture, but on operation a vast succlated, adherent pouch was found. These were not cases of cause and effect, but examples which might be multiplied. We must then, when we employ the puncture, be prepared, at times, for consecution supparation and operate as soon as symptoms of sepsis are announced.

A difficulty occurs in the variable quality of the contents of hydatid tumors, which sometimes may be wilder the surgeon. There may be a little liquid and many hydatids. In one case Peau could find none. Koenig explored and withdrew a brownish liquid, rich in cholesterine, but there were no hooklets. Baldini withdrew through a renal puncture four litres of a citrine-colored transparent, non-albuminous fluid. It contained uric acid.

That growths of benign species of

the connective tissue, the adenoid papillary, tend towards malignancy is certainly not proven, though, no doubt, the position of so eminent an authority as Gouley on the necessity of early removal is in the right direction, when this may be accomplished with safety, or when the growth disfigures or is a source of physical distress.

But a great many tumors are slow and insidious in development attain to and a considerable volume; they may be painless. and. what is more. tend to diminish in volume with advancing years. This is certainly true of uterine fibroids, though we seldom witness this in the breast, except in atrophic scirrhus, a case of which is now under the writer's care, which has run a painless course for fifteen years. The gland gradually shrunk up and melted down by an ulceration, until every vestige disappeared and the parts closed in.

FRED P. LOWENSTEIN, Sec'y.



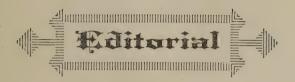
MODERN GYNECOLOGY. — A Treatise on Diseases of Women. By Charles H. Bushong, M. D., New York. Second Edition, Illustrated and Enlarged, 1898, Published by E. B. Treat & Co., 241 W. 23d st., New York City.

The above is a small work, of 400 pages, comprising a treatise of the practice of to-day in this particular specialty. It is concise and not exhausting. The subject has been well handled, and the advice given is excellent. The illustrations express ideas that are difficult to convey in words. The book is gotten up in Treat's own admirable style, with good binding and paper. It is a work well calculated to help the practitioner in modern gynecology.

TREATMENT OF SKIN CANCERS, By W. S. Gottheil, M. D., Professor of Dermatology at the New York School of Clinical Medicine, Dermatologist to the Lebanon Hospital, the Northwestern and West Side German Dispensaries, etc. Published by the International Journal of Surgery Co., 100 William Street, New York. Price, \$1.

The subject is treated in a practical manner, from the standpoint of the general practitioner, as well as the specialists, and while every prominent modern method in the non-operative treatment of cutaneous cancer has received mention, the author elaborates especially upon the caustic method which experience has commended to him, and dwells upon the two essential points, recognition and treatment.

This book is printed upon heavy book paper, is substantially bound in cloth and profusely illustrated.



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ON MAMMARY CANCER AND METHODS FOR ITS TREATMENT.

Cancer of the breast continues the greatest scourge of the female sex, not so frequent as the uterine, but always more distressing and agonizing.

When we encounter this lesion in a healthy subject, particularly when the seat of much irritation or pain, but few will hesitate to recommend excision, not because we can offer any hope of cure, or that even life will be much prolonged, but it brings mental rest, and, at least, a truce for a time from apprehension and suffering.

But certain authors have endeavored to force on us the assumption that cancer is curable, provided only excision is early and wide. We have from the beginning disputed their view, as our readers well know, and, as time progresses, it has been proven that our premises cannot be assailed.

Let us see where the proof of "cure" comes in. Well, in twenty cases which passed two years, Halstead found no recurrence; however, of these, all but two had relapsed

and died before the three-year limit had passed.

Professor H. Dennis stated before the American Surgical Association (1895) that this would mean ten per cent. cures. But why pronounce a case "cured" simply because the patient has survived three years? Bilbroth had an operative mortality after excision of twenty-three per cent., now reduced in selected cases to about one per cent.

Dennis praises the harpoon as an instrument of value in diagnosis, but Keene and DaCosta do not so regard it, as fragments so obtained do not always show the character of the growth, and as often leads to error as truth. (American Year Book of Medicine and Surgery, 1897.)

Volkman declares that if a cancerous growth does not renew itself in nine years its return is improbable, while the younger Gross declared that not more than two or three per cent. relapsed after three years. Jones and Platt (Lancet, August 11, 1895) were confident that fifteen per cent. of these cases may

recover permanently if operated on early.

Gouley (New York Medical Journal, December 23, 1895) declares that malignant tumors are more common than benign, and that the latter often take on malignant changes, as carcinomata often follows adenomata. Therefore, early removal in many cases provides almost indefinite immunity.

No branch of medical science yet remains in greater obscurity than oncology.

The diagnosis of hydronephrosis was made for operation. The case was found to be one of hydatid cyst.

I agree with Olshausen that, everything considered, the incision is the safest, the most exact and perfect means of clarifying diagnosis, though in every instance we must be prepared to go on with complete operation.

Tilleux gives us important rules, which may sometimes enable us to determine, with reasonable certainty, whether we have a hydatid cyst, or posterior to the peritoneum, and whether the cyst be renal, retroperitoneal or mesenteric.

Hydatid cysts are usually of a very slow development and painless. They

give rise to no inconvenience until their volume and weight impede function.

They very rarely undergo spontaneous recovery, and may be said to be an exclusively surgical lesion.

Houzel deals with a rare but important class of cases. The writer has seen and treated but two. In both the attending physicians were bewildered in diagnosis. One was in a boy of ten years, who was said to have "sarcoma of the kidney." The lumbar incision evacuated three quarts of syrupy fluid, filled with hooklets, the lad making a rapid recovery. The other case was in a veterinary surgeon, seventy years old. He had a mammoth tumor contiguous with the lower border of the liver. A distinguished diagnostician had pronounced the mass "malignant disease of the liver." Through the lumbar incision the writer removed a little more than two gallons of limpid fluid, in which every variety of hydatid was found. When this sac was drained, the abdomen collapsed, and another tumor, about the size of a fist, was seen just under the umbilicus. A laparotomy was made, and then tapped. The double operation was too much for patient's strength. He died three T. H. M. days later.

CARDIAC DISEASES AND LIFE INSURANCE.

In the consideration given to diseases of the heart by Sir William T. Gairdner before the Section of Medicine in Relation to Life Insurance, in his valuable paper on the "Prognosis of Cardiac Disease," some very interesting problems as to the permanency of valvular troubles were offered for the attention of those particularly interested in these special forms of affections. We are all aware that the majority of insurance companies place an added premium on those persons applying for insurance who happen to be afflicted with various forms of cardiac valvulitis, and yet he has conclusively proven

by citing many cases that it is frequently found that these valvular difficulties are apt in many instances to disappear and leave not the slightest trace of former disease. We have taught in the past these lesions of the valves are irreparable and that any treatment directed to the condition itself is absurd and unwarrantable. It is to the secondary effects resulting from the disturbance of the compensatory action which sooner or later takes place that our best efforts should be directed. The young connective tissue of the endocardium rapidly develops into the stronger and more

mature fibrous material, and the cicatrization which follows the latter can never be removed, as the scars which it leaves are of a permanent character. Much has been written in the past as to the retrograde changes which the endocardial tissue undergoes in the presence acute inflammatory action, much remains yet to be said upon this interesting subject. Pathological researches are not always in accordance with clinical manifestations. If they were then the mitral murmur of to-day would be the same years hence, only growing progressively worse with the passing years as sclerotic transformation place more rapidly with age. But here are cases given in which the murmurs and all other evidences of cardiac disease have entirely disap-It is difficult to effect compromise between these clinical facts and the theories of the pathologist. It also demonstrates that we do not as yet fully comprehend what a powerful factor the ever-present question of personal equation is in the sphere of cardiac, as well as in other diseases. Two hearts may be pathologically identical so far as we can discover, but their clinical symptoms vary with the passage of time. Each individual may be assumed to be a law unto himself, and should be judged solely from that basis. But the chief points to be considered are (1) if these valvular lesions. of the heart are irreparable how is it that in time their clinical phenomena may entirely disappear, and (2) is not a grave injustice being perpetrated by insurance examiners in neglecting many valuable policy

holders who, outside of a apical murmur, are in the posses-sion of excellent health. Viewed from every standpoint, to the student of cardiac affections the demonstrations of Sir William are extreme-

ly opposite.

It has been ascertained that frequently a murmur exists for a considerable length of time, and independent of the coincident existence of anemia or other conditions which produce a perversion of the muscular tissue of the heart, where there has been absolutely no pathological lesion to be found post-mortem. These cases are of a puzzling character, even to the skillful diagnostician, and a satisfactory explanation of this condition is awaited with interest. Fortunately, in the majority of these cases there is nothing to be done, as the heart appears perfectly capable of fulfilling its functions without assistance. It is in just this class of cases that the physician displays ignorance well nigh criminal, in administering digitalis. And yet it is done quite frequently with the mistaken idea that the heart requires aid in overcoming the deficiency created by the latent endocarditis, as if an animal burdened with a great weight would be assisted in carrying its load better by adding to an already overtaxed condition. However, this is a subject which requires fuller consideration than can be given to it in this connection.

From Dr. Gairdner's statements the relation of life insurance to the existence of cardiac difficulties on the part of the applicant will have to be rewritten. J. J. M.

MORPHINE IN ADVANCED KIDNEY DISEASE.

The use of opium in various advanced cardiac and kidney lesions has been a matter of debate for many years. Ever since Loomis advocated the adoption of hypodermic injections of morphine in advanced and almost moribund forms of uremia the profession has eagerly seized upon this powerful drug as a stable reliance to overcome the convulsions incident to this condition. Yet there are many eminent men who either fail to understand the exact physiological relation existing between the

administration of morphine and the diseases in which it is recommended, or hesitate to add to an already existing comatose condition. The testimony adduced by the distinguished English physician, Sidney Ringer, in his paper, "The Use of Morphia in Bright's Disease," will have a tendency to clear away the mists which have so long enshrouded and befogged the minds of many physicians who failed to realize the great importance of the powerful narcotic in There are this class of diseases. occasions when, after trying the various diuretic remedies usually administered in advanced kidney disease for the reduction of general anasarca without accomplishing the desired result, the addition of morphine clears the field for action, and the diuretics act with renewed activity. It is of course well known that such a drug as morphine should not be used in every case of advanced kidney disease. Given indiscriminately it will certainly prove

more injurious than effective; but administered in carefully selected cases it is eminently satisfactory and a valuable adjunct to other Frequently therapeutic remedies. when the patient is worn out from the numerous demands of his system to overcome the disease, when from loss of rest, from irritation and generally nerve exhaustion the imperfectly depenated blood is unable to sustain the failing forces, small doses of morphine will quiet nervous system, produce rest and give the patient a chance to recuperate. It is as a nerve sedative in this class of cases that morphine acts and, by increasing the nerve power, reacts, favorably upon the harassed kidneys. Indirectly, then, it has a marked diuretic effect, and the urine will show a decided increase in quantity and quality. Given in combination with nux vomica or its powerful alkaloid, strychnine, morphine will be very beneficial in this class of cases. J. J. M.

NEWS ITEMS.

Dr. Leon F. Garrigues was elected Secretary of the Society for Medical Progress on October 12, 1898.

The November meeting has some

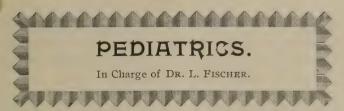
interesting papers promised.

Dr. M. Kenyon, professor of diseases of the eye and ear in the New York School of Clinical Medicine and one of the staff of the Manhattan Eye and Ear Hospital, has a paper entitled "Operative Treatment of the Diseases of the Ear," which will shortly appear in the Times and Register. Professor Kenyon's popularity is proven by the fact that his classes are well filled.

Dr. J. P. Cohen, associate professor of practice of medicine, has promised a very practical paper on internal medicine, the title of which is not yet announced. He always adds to the scientific value of each year's proceedings by his valuable contributions.

Professor Thomas Manley has again secured a promise of an interesting scientific tidbit from our disdistinguished confrere, Dr. Tracy, of Boston. Unless some change is made, we shall have the pleasure of hearing our colleague at the December meeting.

The American Microscopical Society, at its recent annual session, elected the following officers for the ensuing year: President, Dr. William C. Krauss, of Buffalo; first vice president, Professor A. M. Bleile, of Columbus, O.; second vice president, Dr. G. C. Huber, of Ann Arbor, Mich; secretary, Professor Henry D. Ward, of Lincoln, Neb.; treasurer, Magnus Pflaum, of Pittsburg; executive committee, Professor S. H. Gage, of Ithaca; Dr. A. Clifford Mercer, of Syracuse, and Dr. V. A. Moore, of Ithaca.



ABSCESS OF THE BRAIN IN IN-FANTS.

Holt (Archives of Pediatrics, Mar., 1898) sums up a careful study under this title with the following conclusions:

1. Abscess of the brain in children under five years is rare.

2. The principal causes are otitis

and traumatism.

3. It rarely follows acute otitis, but most often neglected cases, and is usually secondary to disease of the petrous bone.

4. In the cases occurring in infancy without evident cause the source of infection is probably the ears, even though there is no dis-

charge.

5. The development of abscess after injury to the head without fracture of the skull is extremely rare. In nearly all of the traumatic cases definite cerebral symptoms show themselves within the first two weeks after the injury. In cases with falls as remote as several months there is probably some other cause, such as a latent otitis.

6. In a large proportion of the cases only general symptoms are present, and these in very great va-

rietv.

7. Focal symptoms may be misleading unless they are constant, and even then they may depend upon associated lesions, such as meningitis. Motor symptoms only can be trusted, since the sensory symptoms are difficult or impossible to determine in infants or young children.

8. Rapid progress, fever, and a history of injury or otitis generally make a diagnosis from tumor easy. In the slower cases with little or no fever valuable assistance may be obtained

from lumbar puncture.

9. From acute meningitis the diagnosis is more difficult, and in the cases in which there are only terminal symptoms the diagnosis is impossible. In the more protracted

cases the distinctive points with reference to abscess are the slower and more irregular course, and, as a rule, a lower temperature.

10. On account of the great amount of shock attending brain surgery in very young children operation should not be urged unless definite localizing symptoms are present, the principal one being hemiplegia.

L. F.

ADENOPATHIES IN RHACHITIS.

Frolich (Jahrbuch f. Kinderheilkunde, 1897, Bd. xlv., S. 882) has made a study of 185 rhachitic children in order to find out whether swelling of the lymphatic glands should be considered a part of the clinical picture of rhachitis. In this number he found 32 in whom all glandular swelling was absent; these were children who had never suffered from any malady except rhachitis.

In the other 153 cases there were divers adenopathies; but careful examination showed that these children had with their rhachitis either a tuberculous affection or a skin disease (furuncle, intertrigo, eczema, strophulus, phurigo, etc.), or a gastrointestinal trouble, and that the glandular enlargements should be attributed to these complications.

As to the influence of digestive troubles in the adenopathies of rhachitis, the author believes that it must be accepted after the results of his examination of 15 non-rachitic children with chronic digestive trouble in whom these adenopathies were found.

Enlargement of the spleen was noted in only 33 of the 185 rhachitics examined, and was absent often in the cases with adenopathy. The author agrees with Stark that this enlargement of the spleen does not depend upon the rhachitis but upon concomitant chronic gastro-intestinal disturbances.

L. F.

A CASE OF PNEUMOCOCCIC CROUP.

Seuvre reported to the Societe Medicale de Reims (Seance of January 14, Revue Mensuelle des Maladies de l'Enfance, March, 1898, p. 157) the case of a child of 8 years, who, during an attack of influenza, manifested an erythematous angina. Laryngeal stenosis rapidly supervened and, despite the injection of Roux's antitoxin, called for tracheotomy on the evening of the same day. The wound gave issue to a false membrane of colloid appearance, which gave a pure culture of the pneumococcus. The case recovered.

INTESTINAL CATARRH—CON-VULSIONS—SUDDEN DEATH.

James Carmichael, Edinburgh (Pediatrics, December, 1897), under the above headings, relates the case of a child brought into the hospital in convulsions associated with intestinal symptoms. Improvement was steady and the child was considered to be progressing favorably, when on the tenth day the temperature rose rapidly, followed by death. No cause could be made out. The opinion of the author is that death was due to auto-intoxication from the intestinal tract. He then devotes a short space to the causes of sudden death in children, mentioning hyperpyrexia per se; asphyxia due to collapse of the air vesicles in a healthy lung where there is pleural effusion on the other side; laryngismus stridulus, marasmus, producing subnormal temperature and collapse; internal capillary hemorrhage the cause of which is obscure. L. F.

INCUBATORS FOR INFANTS.

Editorial (Pediatrics, January, 1898). Statistics vary as to the number of prematurely born infants, from 5 per cent. to 20 per cent. being given. At the Paris Maternity Hospital in one year there were 641 premature children, and amongst these the mortality was 32 per cent., that of the other children being 8 per cent. The chief desideratum is an even, warm temperature. Mention is made of the old-fashioned devices for this purpose. About sixty years ago Dr.

Crede, of Leipzig, constructed a box with double metallic sides; the space between could be filled with water so as to maintain an even temperature. Dr. Tarnier, the designer of the modern conveuse (breeder), received the idea from the artificial conveuses at the "Jardin d'Acclimatation" for the rearing of poultry. During last summer an incubator show was held in London, and there has been erected in Kensington a structure where weakly children can be nursed and kept in new and model conveuses. As yet incubators have only been available for the rich, but it is proposed to establish London and other large cities incubator stations from which, in answer to messages, incubators will be promptly dispatched to whatever place they are needed.

PASTEURIZED MILK AS A FOOD FOR INFANTS.

(Pediatrics, January, 1898.) Heating to 170 degrees F. did not destroy the toxins, nor was their production prevented. The bacterial contamination of milk can be divided into three groups: (1) The lactic acid forming group, (2) the butyric acid forming group, (3) the peptonizing bacteria. The first group is very active in causing gastro-intestinal disorders, and requires sterilization at 200 degrees F. or 212 degrees F. The last two destroy them. groups are not completely destroyed short of sterilization. He described the symptoms of what he called milk poisoning in children fed on pasteurized milk. Mild cases had a diarrhea coming on suddenly, with a large number of green, ill-smelling movements of an acrid character, and cured by a dose of oil. More serious cases were those in which the milk was taken well for a time and then gastro-enteritis of a serious nature developed. He cited a number of cases in his own practice in which the diarrhea resulting from pasteurized milk had stopped on giving sterilized milk. He claimed that all milk fed to infants should be sterilized at 90 degrees C. or 100 degrees C. for ten minutes, and then put on ice. This would check the development of the petonizing bacteria. The argument that milk was rendered more indigestible by sterilization had not been proved in his experience. A study of the feces seemed to show that the digestibility of raw, pasteurized and sterilized milk was about the same. The author concluded that pasteurized milk was an uncertain and in some cases a dangerous food for infants.

In the discussion which followed the author was supported in his opinion by Dr. A. Caille and Dr. W. L. Carr, and opposed by Drs. Freeman, Chapin, Dessau, Kerby and Marbott.

PATHOLOGICAL CHANGES IN THE MIDDLE EAR DURING MEASLES.

Pfingst, Louisville, (Pediatrics, February 1, 1898), relates a case in which, after the disappearance of the eruption of measles high fever suddenly developed, and continued high for three days without any apparent cause. The child was sitting up in bed, playing, and complained of no pain. Only once she stated to her mother that she had a slight pain in one of her ears. On the fourth day there was a free discharge of creamy pus from both ears. Bezold has made some investigation into the frequency of ear complications in mea-He made necropsies on 18 fatal cases of measles. In five of them there had been a discharge from one or both ears, but in the other 13 there had been no ear symptoms except a diminution of function. Post-mortem showed that in every case there was an exudate in the tympanum, consisting of pus cells and fibrin, and always containing some of the pyogenic bacteria. Conclusions: That severe cases of measles rarely run their course without involvement of the middle ear; that the inflammatory process usually runs its course without subjective, and often without objective, symptoms, and that only occasionally perforation occurs.

ETHER NARCOSIS IN INFANCY.

Stoos (Memorabilien, 1897, xl, 446). Demme has pointed out that ether narcosis is not safe during the first years of life, as it is apt to cause irri-

tation of the mucous membranes, bronchitis, broncho-pneumonia and vomiting; furthermore, the stage of excitation is said to last longer than in chloroform narcosis, and therefore very excitable children are hard to etherize. We often meet with shaking spasms; the awakening is not as quiet as after chloroform, and is frequently followed by vomiting, anorexia and an irritable condition for 36 to 48 hours. For these reasons chloroform has been preferred as an anesthetic for children until recently, when a change of opinion has taken place. The surgeon at the present time concedes that ether is safer than chloroform. Stoos lost faith in the safety of chloroform narcosis in children since he saw the occurrence of chloroform collapse after its use in children. There are cases of death even reported from this cause. Ether does not irritate the mucous membrane of the trachea and the bronchi in small children more than chloroform. Children suffering even with a slight cough may be etherized without harm. A severe catarrh or disease of the lungs is of course a contraindication to its use. It has been claimed that profuse salivation occurred in children, and therefore the period of teething, in which salivation is increased, was not a suitable time for administering ether. Stoos has not had this experience. Intense salivation is usually caused by an existing coryza. The children should be placed horizontally, with slightly raised head, and turned to one side to facilitate the flowing off of the saliva. The assertion that the beginning of etherization is more difficult, slower and more unpleasant, the stage of excitation greater and longer than in chloroform narcosis, is without weight, if the ether is properly administered; within two to five minutes relaxation of the muscles is obtained. Nausea and vomiting do not occur more frequently than after chloroform narcosis. As a preparation to the administration of ether the stomach should be kept empty and a clysma may be given. Ether narcosis should be preferred to chloroform on account of its lesser danger. mentions that in Frankfort City Hospital ether is now preferred to chloroform in children.—Pediatrics.

THREAD WORMS.

In those cases of thread worms, in which macroscopic and microscopic examinations of the fecal matter is impossible, Muller de la Fuente, in the Munch Med. Wochenschr., mentions the following signs in diagnostic auxiliaries: According to his observations, the sudden occurrence of severe abdominal pains which can be exactly located are characteristic. At the seat of pain there is present great tenderness on pressure. The absence of continued fever militates against the inflammatory character of this circumscribed pain, as we only meet with a slight rise of temperature towards evening when thread worms are present. Convulsions can be traced directly to these worms, and disappear immediately after the latter are expelled. Their connection with chorea, on the other hand, is not a di-The author furthermore rect one. calls attention to the frequent epidemic appearance of this trouble, even where filth may be excluded. He also refers to the often-time vicious character of the disease, as well as to the great frequency with which contraction in the field of vision occurs in cases suffering with thread worms. This phenomenon also disappears after the worms have been removed. L. F.

-Therapeutic Wochensch., 1897, iv. 869.

Pediatrics.

REMOVAL OF THE WHOLE OF THE BOWEL OF A CHILD BE-LOW THE TRANSVERSE CO-LON.

Dr. Frederic Treves, senior surgeon to the London Hospital, has for the first time in the annals of surgery performed this radical operation. The history of the case, as reported in the Lancet, is briefly as follows: A little girl, aged 5 years and 9 months, was brought to him on January 5, 1897. She was the daughter of perfectly healthy par-She was suffering from extreme constipation, which was attended by frequent attacks of intestinal obstruction. The abdomen

was of enormous size, and was distended like a balloon. It was everyuniformly tympanitic. Through the thin parietes an enormous coil of intestine, evidently the colon, could be seen. Dr. Treves on January 13, 1897, performed laparotomy. There immediately presented a gigantic coil of the colon, which looked and felt like the adult stomach, and which appeared to fill up the whole of the abdomen. The wall of this intestine was smooth and much thickened by hypertrophy, and the actual diameter of the collapsed loop was eight inches. After passing a gum-elastic tube of large calibre through the anus into the interior of the dilated bowel with unsatisfactory results, an artificial anus was established in the centre of the median wound, and for nine months all motions were passed by this opening. In October, owing to the great difficulty met with in keeping this artificial anus open, Dr. Treves determined to attempt the excision of the colon from the splenic flexure to the anus. The second operation was performed on October 29. By means of an elliptical incision in the skin the artificial anus was isolated and removed, and the abdomen entered on each side of the opening. The orifice in the colon was closed by a series of substantial sutures. It was found that the gut, which had at one time been so enormously distended, was now of more moderate dimensions. The dilation of the colon extended up to the splenic flexure. Beyond that point the colon was practically normal, although it had evidently been to some degree distended and still showed some hypertrophy of its walls. The colon on the right side was normal, and the whole of the greater bowel had a very free meso-colon. Having found that the left extremity of the transverse colon could be brought to the anus, the left colic artery was isolated and ligatured, and the bowel, after being clamped, was divided at the splenic flexure. The sigmoid artery was then isolated and the superior hemorrhoids were isolated and ligatured. The gut, representing the descending colon, the sigmoid flexure, and the upper part

of the rectum, was then excised and the bowel was divided low down in the pelvis, below the entrance of the superior hemorrhoidal artery. child was now placed in the laparotomy position, and, an elliptical incision having been made around the evidently narrowed anus, the anus, together with the lower and remaining portion of the rectum, was removed. The separation of the rectum from the slender vagina was a tedious matter. The middle hemorrhoidal vessels were secured and the lower end of the rectum was moved without difficulty. The transverse colon was then brought down to the anus, where it was secured by a series of close sutures. The gut was conducted into position by four pressure forceps, which were passed into the abdomen through the hole in the perineum. The operation was concluded by closing the wound in the abdomen without drainage. The child made an excellent and speedy recovery. No sedative of any kind was needed, as little pain was complained of. The only complication was represented by some suppuration between the new rectum and the vagina. As soon as the child began to run about this discharge ceased entirely.

TREATMENT OF INFANTILE URIC ACID INFARCTION.

By W. C. Hollopeter, M. D. (International Clinics, Vol. III, seventh series).

The writer mentions the case of a child four weeks old without any evidence of functional derangement the first week except a tendency to cry violently and spasmodically.

He says: "The nurse informs us that the crying seems to precede the alvine and urinary excretions, yet during the first two weeks these functions were seemingly performed naturally. During the last week the distress has been decidedly augmented. On examination we find the child probably under weight, with apparent loss of the subcutaneous fat, slight depression of the anterior fontanel, a dry, harsh skin. The crying does not seem to be caused by handling, nor does it occur during nursing. The nurse informs

us that immediately after a violent paroxysm of crying she finds the napkin slightly stained by a brown-This is the altered ish-red fluid. urine, the cause of the infant's distress. The diagnosis is easily made. It is one of the most frequent disturbances of early infancy—uric acid infarction. The symptoms give rise to pain, in extreme cases—like the one before you—to violent spasmodic crying, associated with the act of urination, scanty urine, sometimes anuria, slight inflammation of the renal tubules, dry skin, and restlessness, and occasionally blood may be associated with the scanty urine. This condition occurs, more or less, in all children during the first two weeks of life."

The cause is evidently due to the excretion of uric acid crystals before there is sufficient fluid to dissolve them, so the crystals form in the tubes. This condition is a very strong plea for plenty of water in the young infant's system. Bottlefed infants are more frequent sufferers than those breast-reared, yet the trouble frequently arises in both. In both cases it would appear that the food was too frequently exhibited, or of too strong a nature. The urine of properly fed young infants is perfectly colorless; it will not stain the napkin at all; hence any departure from this standard must be looked upon as abnormal. This condition you must strive to gain at all times, and instruct the nurse and mother accordingly. The treatment is to correct the food if artificially fed, establish correct habits of maternal nursing if faulty, administer plenty of water frequently during the intervals of nursing, giving some alkaline diuretic if the case is troublesome, such as citrate of potassium or liquor potassium—one grain of the former and one drop of the latter given in plenty of water.

For the paroxysms of suffering he suggests a warm body bath or hot fomentations around the trunk, or if necessary five drops of spirits of chloroform in water every ten minutes. In very troublesome cases a high enema of bicarbonate of soda in warm water (gr. xx-oz. j) will relieve the renal spasm. L. F.

CLINICAL SURGERY AND SURGICAL PATHOLOGY In charge of T. H. MANLEY, M. D., New York

TAXIS AND MODE OF INCISION IN STRANGULATED FE-MORAL HERNIA.

In strangulated femoral hernia the directions laid down by the older authors as to the mode of applying taxis counts for positively nothing; nay, they are worse than useless, for their employment implies that manipulation is reasonably safe and certain, while experience disproves both; and more, by this unsurgical procedure the intestine is often irretrievably damaged beyond repair by the crushing and tearing of the fingers.

In former times the rules for incising or dividing the seat of strangulation were laid down with great fullness, and a special probe-pointed bistoury was devised for the blind moping in the dark. The operator always had a terrible dread of hem-

orrhage.

My own experience with this and all other types of strangulation emphatically induces me to advise the rejection of protracted taxis, baths and antispasmodics. The use of pulmonary anesthetics in taxis should be strictly proscribed. Let us always cut from the outside in, and then if we divide one or more large or small vessels, close them, as we would in any other operation. But let us invariably open the sac, freely divide all constriction, draw down and thoroughly free the intestine before we reduce it.

TUMORS OF THE LIVER FROM THE SURGICAL POINT OF VIEW.

In this review of the subject, as above stated, it is not intended to include floating lobes, hydatid cysts, secondary metastases or cancer of the gall bladder. We shall here note only those connected with surgical intervention for primary

growths. Authors here cite in detail forty cases. Among this number two were treated for palliation by Gowadenski and Tuffier. These surgeons did not undertake radical measures, but were content with a cholecystenterostomy. In Gowadenski's case pain ceased, the temperature sank, but there was a persistence of the biliary fistula. The patient sank three months after operation. Tuffier's patient sank from shock.

These palliative operations are urgent to combat painful complications by compression of the biliary in intestinal tube, just as trepanation is justified in cerebral compression, by inoperable tumors.

Thirty-eight times the surgeon undertook to completely effect a radical and curative operation for tu-

mors of the liver for:
Four sarcomatous tumors.

Seven cancerous tumors.
One cancerous secondary tumor.
Six adenomatous tumors.
Four angiomatous tumors.
Three undetermined tumors.
Nine gumma tumors.
Four biliary cysts, non-parasitic.
Eighteen operations were performed for malignant tumors.

Nine operations for syphilitic tumors.

There were thirty-two operative cures and six deaths. Death was

caused by hemorrhage and shock.

The ultimate results are difficult to estimate, as many died rather too early to class these as definite cures. The benign tumors give the best results. Malignant tumors give us the most unfavorable results. Elliott and Israel noted relapse from three to four months. Poirrier and Jacob had each seen adenoma recur after eleven and twelve months. On the other hand, in quite a few, recurrence has been much more

tardy. Thus Barrdeleben, in a sarcoma, saw no return after two years. Lucke lost his patient six years after a cancer was excised; and, finally, Tricoma's patient maintained perfect health three years later.

It is evident that operation for malignant or other tumors of the liver is not so redoubtable a pro-

cedure as one might suppose.

The most redoubtable obstacle is hemorrhage, yet with proper precautions, this may often be securely controlled.

-By M. M. Terrier and Andray.

STUDY ON THE REGENERATION OF THE TISSUE.

The above question remains to be considered. What becomes of the resected surface left to itself in the peritoneal cavity. This leads to the study of regeneration of the hepatic tissue, something which, particularly in past years, has been thoroughly studied by Kahn, who made many experiments on the livers of dogs. First, he noted that after the liver substance was decayed, it promptly took on adhesions with neighboring strictures, with the epiploon and the anterior wall of the stomach. He killed the animals from two to three months after operation. In every instance there was complete regeneration of the destroyed lobe.

These and analogous results have been noted by different experimenters, by Tizzoni, Collaci and Corona. But to Ponfich we are especially indebted for a full description of the histological phenomena following wounds and resection of liver tissue and its remarkable property in the way of regeneration. He discovered a rapid histological reformation, hypertrophy of the lobules, which were the seat of an active cellular hyperplasia. There was then an interposition of young hepatic cells. This cellular incorporation begun immediately after resection.

Floeck and Kahn confirmed these investigations. Kahn applied these studies to many distinctive lesions of the liver, as in cysts, where there is much local resorption of tissue, without any punctured disturbance; and in alcoholic cirrhosis, in which there has been great destruction of

the parenchymatous elements, and in which, under proper treatment, after a long interval, recovery may be complete.

-Revue de Chirurgie, Sept., 1898.

SOME OBSERVATIONS ON BRAIN ANATOMY AND BRAIN TUMORS—ABSTRACTS.

Dr. William C. Krauss, of Buffalo, read a paper at the ninety-second annual meeting of the Medical Society of the State of New York, Albany, January 25, 1898, with the above title.

He called attention (1) to the difficulty in remembering the gross anatomy of the brain, and (2) to the almost universal presence of optic neuritis in cases of brain tumor.

He attempted to overcome the difficulty in regard to the anatomy of the brain by formulating the following rules, which are somewhat unique and original, and at the same time

easily remembered.

Rule of Two.—1. The nerve centres are divided into two great divisions, (1) encephalon, (2) myelon. 2. The encephalon is divided into two subdivisions, (1) cerebrum, (2) cerebellum. 3. The cerebrum, cerebellum and myelon are divided into two hemispheres each, (1) right, (2) left. 4. The encephalon is indented by two great fissures, (1) longitudinal, (2) transverse. 5. Into these two great fissures there dip two folds of the dura, (1) falx cerebri, (2) tentorium cerebelli. 6. There are two varieties of brain matter, (1) white, (2) gray.

Rule of Three.—1. There are three layers of membranes surrounding the brain (1) dura, (2) arachnoid, (3) pia. 2. Each hemisphere is indented by three major fissures, (1) sylvian, (2) rolandic or central, (3) parieto-occipi-3. Three lobes, frontal, temporal and occipital, on their convex surface are divided into three convolutions each, superior, middle and inferior, or first, second and third. 4. There are three pairs of basal ganglia, (1) striata, (2) thalami, (3) quadrigemina. 5. The hemispheres of the , brain are connected by three commissures, (1) anterior, (2) medi, (3) post-commissure. 6. The cerebellum consists of three portions, (1) right, (2) left hemisphere, (3) vermes.

There are three pairs of cerebellar peduncles, (1) superior, (2) middle, (3) inferior. 8. The number of pairs of cranial nerves, in the classifications of Willis and Sommering, can be determined by adding three to the number of letters in each name; that of Willis making nine, and that of Sommering making twelve (or the name containing the more letters has the larger number of pairs of nerves, and vice versa). 9. The cortex of the cerebellum is divided into three layers of cells, (1) granular, (2) Pudkinje's cells, (3) a molecular layer.

Rule of Five.—1. Each hemisphere is divided externally into five lobes, of which four are visible, (1) frontal, (2) parietal, (3) temporal, (4) occipital, and one invisible, (5) insula (Isle of Reil). Roughly speaking, the visible lobes correspond to the bones of the cranium; that is, the frontal lobe is underneath the frontal bone, the parietal lobe beneath the parietal bone, etc. 2. The brain contains five ventricles, of which four are visible the right and left, or first and second, the third and the fourth; and one invisible, the fifth or pseudo-ventricle. 3. The cortex of the brain contains five distinct layers of ganglion cells.

Studying carefully 100 cases of brain tumor, in which an ophthal-moscopic examination had been made for the presence or absence of choked disc (optic neuritis), Dr. Krauss announced the following conclusions:

- 1. Optic neuritis is present in about ninety per cent. of all cases of brain tumor.
- 2. It is more often present in cerebral than in cerebellar cases.
- 3. The location of the tumor exerts little influence over the appearance of the papillitis.
- 4. The size and nature of the tumor exert but little influence over the production of the papillitis.
- 5. Tumors of slow growth are less inclined to be accompanied with optic neuritis than those of rapid growth.
- 6. It is probable that unilateral choked disc is indicative of disease in the hemisphere corresponding to the eve involved.
- 7. It is doubtful whether increased intracranial pressure is solely and alone responsible for the production of an optic neuritis in cases of brain tumor.

-Philadelphia Medical Journal.



IRON AND MANGANESE. BY G. HOWARD THOMPSON, M. D., Professor Materia Medica, St. Louis College of Physicians and Surgeons.

The physician in active, general practice is called upon constantly to treat complications symptomatic of anemia. This condition of depravity of the blood may, in itself, be only a symptom, but must nevertheless be met and controlled as a symptom if it is incidental to an incurable disease. As an illustration, where it is caused by syphilis, specific treatment usually controls it; but where it is caused, for example, by valvular disease, heart stimulants are not so likely to control it as agents rected against the anemia itself, which improve the blood and

strengthen the muscular walls of the heart. Anemia is a condition of the blood characterized by a deficiency the quantity of hemoglobin. Either the normal proportion of red blood cells is absent, or, being in normal amount, they are deficient in hemoglobin, as in what is called chlorosis. Normally, 230 grains, by weight, of red blood cells contain one grain, by weight, of iron, and for every 20 grains of iron one grain of manganese. This being the case, every case of anemia calls for an agent capable of increasing the hemoglobin in the blood, either by increasing the healthy red cells to the normal number of health, or by increasing to the normal amount the deficiency of hemoglobin in the cells themselves, which, though in normal quantity, are lacking in this essential, or, as may possibly be the case, by increasing both the number of cells and their proportion of hemoglobin. Iron is a therapeutic agent capable of securing both of these results in most cases where it can be borne without producing untoward symptoms of its own. Where iron itself fails, the addition of manganese seldom fails to supply the

missing requirement.

All of the potent United States Pharmacopoeia preparations of iron are liable to produce untoward effects in many patients, such as loss of appetite, diminished peristalsis, gastric distress, frontal headache, constipation and vesical irritation, etc., and as a result, without exerting a single beneficial influence on the anemic process. As iron is absorbed in the form of an albuminate or peptonate, the old preparations must, of necessity, be converted before they are assimilated, which taxes the powers of the stomach and intestinal tract. They are first converted into chlorides in the stomach and into sulphides in the duodenum, which results in a waste of almost the entire quantity taken, thus effectually defeating the purpose for which the remedy was prescribed.

In order successfully to treat the various complications incidental to the anemic state which may be caused by anemia, or which may cause this condition, it is necessary to employ a preparation of iron which will be absorbed beyond a doubt. Such a preparation has been brought to the profession in the form of liquor ferri et mangani pentonati (Lehn & Fink), a preparation of the peptonate of iron and manganese which I have found, after long and patient investigation, to possess all of the advantages and none of the disadvantages of the United States Pharmacopoeia officinal preparations. I began its use last fall, and have continued using it down to the date of this writing (July 15, 1898).

Case 1.—Was Mr. P., a student of medicine, who consulted me in great apprehension lest he had a chancre. His physical condition was one of

pronounced anemia, though I cannot state to what extent, as I did not estimate his red blood cells. On the inner surface foreskin was an induration of the nature of a soft chancre. I advised the use of simply a dry talcum powder twice daily, but ordered a tablespoonful of liquor ferri et mangani pentonati (L. & F.) every three hours, to see if his system would not develop the power to resist and throw off the local infection. I watched the patient carefully, inspecting him every day. The ulcer was arrested in about three days, and in three days more showed signs of healing, and at the end of three weeks was entirely cured. No eruption ever presented itself nor any indication of a specific infection. This patient improved in every way. His appetite improved, his lips and cheeks took on the ruddy hue of health, and he increased about

ten pounds in weight.

Case 2.—Miss M. A. H., by profession an actress, consulted me in January for bronchitis. She presented a condition of profound anemia. though she had lost no weight. On interrogation she claimed to have been anemic for a year and a half, ever since she recovered from an attack of typhoid-pneumonia. She was subject to attacks of acute inflam-matory rheumatism. Her heart was not involved organically. Examination of her blood showed, approximately, 2,800,000 red blood corpuscles to the cubic centimetre. Suitable treatment for her cough was immediately instituted, in addition to which liquor ferri et mangani peptonati (L. & F.) was prescribed in the dose of a tablespoonful after each meal. Within two weeks her cough was well, and an examination of her blood showed an increase in the number of red cells to 3,450,000. The iron and manganese was continued, and two weeks later another estimation of the red cells was made, showing a further increase to 3,950,-000. The tonic was continued and examinations made at intervals of two weeks, each time showing a substantial increase over the previous follows: 4,240,000, counting, as 4,500,000, 4,800,000, 5,000,000, etc., beyond which the red cells did not

seem to increase. In the latter part of March the patient began neglecting her medicine, saying that she felt better than she had felt in many years, and sought an engagement in a local stock company. Her appearance no longer showed the least evidence that she had ever been anemic. and she looked the picture of health. I met her again recently (in June), and made two more estimations of her red cells, at intervals of two weeks, and found that there had been no substantial relapse, the figures being 4,940,000 and 5,000,000 per c. c., and she reported not having been sick in the meantime.

Case 3.—Miss K., aged 21, had been suffering from amenorrhea with leucorrhea for three months. family history was good. No local examination was made, this being deferred to observe the effect of internal treatment. She was somewhat irregular with her menses and was very anemic, though otherwise of strong and robust build. She had lost no flesh and complained of no other symptoms. On February 3 I examined her blood and found, on estimation, about 3,400,000 per c. c., and immediately put her on liquor ferri et mangani peptonati (L. & F.), a tablespoonful an hour after each meal. She was due to menstruate on the 16th, having skipped the previous period with nothing more than ovarian neuralgia. On February 16 her menstruation set in and she experienced a substantial flow for two days. Just previous to this, on the 15th, an estimation of her blood cells indicated about 3,700,000 per c. c. Her bowels became more regular, her appetite improved, and her complexion looked healthier. On the 3d of March an examination showed 4,200,000 per c. c., and on the 15th, the day before her expected menstruction, the estimation showed 4,450,000 per c. c. The next day her menstruction appeared and lasted four days with normal flow. Her health has been good ever since, and her menstruction regular and normal.

There is no doubt of the power of this preparation to rapidly increase the red blood cells and hemoglobin in cases of anemia and chlorosis. It has never, in my experience, caused constipation; on the contrary, when given for anemic conditions incidental to pelvic disease, the accompanying constipation has frequently been relieved without the additional use of laxatives. It has never caused headache or loss of appetite in any case that I have handled. It has always improved the appetite, restored lost color, increased strength and weight. Its taste is not objectionable, and patients readily acquire a liking for it. My best results have been obtained by the administration of a tablespoonful an hour after each meal.

-615 Century Building, St. Louis.

The following officers were elected at Nashville of the Mississippi Valley Medical Association:

President, Dr. Duncan Eve, Nashville, Tenn.; first vice president, Dr. A. J. Ochsner, Chicago, Ill.; second vice president, Dr. J. C. Morfit, St. Louis, Mo.; secretary, Dr. Henry E. Tuley, Louisville, Ky. (111 West Kentucky street); treasurer, Dr. Dudley S. Reynolds, Louisville, Ky.

Next place of meeting, Chicago. Chairman of committee of arrangements, Dr. Harold N. Moyer.

Time of meeting, October, 1899; date to be determined by the executive officers and the chairman of the committee of arrangements.



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ELECTRICITY IN MODERN SURGERY.

ADDRESS BY DR. C. R. DICKSON, Of Toronto,

President of Electro-Therapeutic Society.

The following is part of an address delivered by Dr. C. R. Dickson, of Toronto, president of the American Electro-Therapeutic Association, at the recent meeting of the organization in Buffalo, and is of interest as shedding light on a subject which is as yet not thoroughly understood by

the general public.

"For many years past the thoughts of those who are interested in the many branches of this wondrous subject, electricity, have turned to this city, and it has been the Mecca of the electric pilgrims. On its outskirts the wildest dreams of the Arabian Nights have been outdone. Science, ever triumphing over nature, has harnessed that most beautiful of all nature's handiwork, and, though by the subtle touch wand of a magician, the the very country has been formed and solitary fields have become veritable hives of human industry, the outcome of the mighty power of Niagara transformed and transmitted. Massive factories are run on every side where but a few short years ago were found naught but vacant lots. To us, witnessing it for the first time, it is a milestone of progress, illustrating man's ingenuity, the triumph of his brain. Buffalo is truly the electrical city of the age.

"The necessity for the existence of

such an association as ours has been questioned not only here, but elsewhere; hence it may be necessary to explain our position. It has been asked, 'Why should there be such an association?' Electricity is only one of many therapeutic agents, and it would be absurd to have a separate association to consider each therapeutic agent. At first glance this may seem a quite rational question. Our colleges teach us how to administer opium and its various derivatives, therefore the necessity for an opium society does not exist; but do our colleges teach us anything about electricity worthy of the subject?

The answer to this question is quite unnecessary in the presence of the members of our association. Anyone should be depended upon to prescribe and administer the ordinary, or even the extraordinary remedies to carry out any regulation form of treatment; but I, for one, should fear to trust myself to the tender mercies of the general practitioner of to-day did he in his wisdom consider it necessary to use this agent, electricity, unless he had paid some special attention to the mastery of it. The contention is an absurdity unworthy of America, the vaunted land of progress, and of Buffalo, the electrical city. In my own benighted land, even, we are more enlightened than that. This is an age of special-

"The old-time practitioner, the physician and surgeon, seems passing away. Surgery is being divided and sub-divided, until at one time we feared that we were to be confronted with an appendix geon. Our patients are reaping the benefit of all this. Why then should we call a halt? No! Let onward be our cry. The time is past when a physician, the proud possessor of a solitary magneto-electrical machine turned by a crank, considered his armamentarium electricum complete. One has but to glance at our programme to see to what extent electricity may be used, and used to advantage. A programme such as ours should prove a perfect revelation to him who has not kept well up to this progressive age. Could such a programme or one-hundredth part of it be intelligently discussed in any other existing society to-day dealing distinctly with the subject? No! I greatly fear it would be a hidden book, a stumbling block.

"The hope of the future lies in those who are now thronging wisdom's halls, and it is a subject for congratulation that this association is to be asked to take action, bringing the needs of the hour before the authorities competent to deal with them. The student with mind as yet unwarped by prejudice must be in a position to obtain a comprehensive, intelligent grasp of the whole subject, that he may turn his theo-

ries to practical account in his professional career. But even he, unless endowed by these inestimable blessings, common sense, patience and gentleness, will find his efforts unavailing, and he must be a close observer of nature and her laws, seeking to assist, rather than to combat her. Electricity is an agent most powerful for weal or woe. A great responsibility rests upon our educators, and the sooner they awake from their strange lethargy the better will it be for our reputation as an enlightened, progressive, scientific profession. The commercial world has taken such advantage of the rapid strides of electricity as a science with fixed laws that we have laid ourselves open to the charge of neglect. Let us hasten to make amends for the past and remove some of the reproaches that rest on this, the noblest profession in this fair world.

"Our association was organized some eight years ago, because it was felt that the subject of electro-therapeutics could not be discussed in any existing society in a scientific practical manner without controversial digressions of valuewhatever. Tt was felt felt strongly. that tricity had been left too long to the charlatan, the incompetent and the unscrupulous. It was also felt that we had another foe of hardly less dangerous character—the overzeal-

To combat all these and cultivate and promote knowledge of electricity wherever it can be of service in medicine and surgery is the object of our association. It must be admitted that we are setting about this in the most practical manner possible. In fact, I know of no other association in which more practical or more useful work is being done. To carry out this idea successfully we have associated with us other than purely medical practitioners, and the association has proved a most happy one, and fruitful of nothing but good. Thus the electrical engineer and expert study electricity's laws and note its action upon inert matter. The biologist physicist go a step farther and study these laws in their action upon living tissue, and their labors are turned to practical account by the physician and surgeon. The curative and palliative powers of the agent are whom have access to my clinics.

"The clouds are breaking in our horizon. On my side of that imaginary boundary line we find increasing interest being manifest, and it gives the greatest satisfaction to sav that my own warmest friends in the city of my adoption are the men who stand in the front ranks of medicine and surgery, and electro-therapy has a recognized standing, inasmuch as special departments devoted to it are to be found in our public hospitals. I have had the honor to organize and now to preside over four such departments in as many hospitals, and more intelligent inquiries are being made by the students of the various medical colleges, all of whom have access to my clinics.

"A rock we must avoid is that on which many a stronger society than our own has come to grief, the clique. And the furtherance of personal ambition or personal designs

must be shunned."

CLIMATIC AIDS IN THE CURE OF DISEASE.

BY JOSEPH R. CLAUSEN, A. M. M. D.

Climatology as a science is still in its infancy, but sufficient progress has been made to demonstrate beyond doubt the fact that proper climatic conditions form the most potent of all factors in the cure of dis-

To go further than this, even, and to demonstrate in a more marked degree the value of such conditions, the fallacy has been shown of attempting to cure disease where the climatic conditions are favorable to the development of the disease germ. To every true student of the healing science these are accepted facts, and no conscientious physician will dispute them.

Various localities, both in this ountry and abroad, have laid claim to possessing a climatic environment fatal to the development and propagation of the micro-organisms that are the true causes of disease, and all, to a greater or less extent, are able to substantiate the claim.

Of such localities we may mention Oregon, Colorado, Southern California, some parts of Italy, the South of France and others less frequently

mentioned, but, while all possess, in a great measure, the qualities of climate that are aids, great aids, to the recovery of health, each in turn falls short in some essential point, if in no other, in the fact that while they are beneficial in certain forms or stages of disease, they are equally injurious, if not fatal, in others. For years the leading climatologists of the world have united in searching the world over for a section of the earth's surface where the climatic conditions were suited to every form of physical debility, and where the effect of such conditions would be always beneficial, never reactionary or injurious. As a result of this search the Warm Springs Valley of Virginia has been brought into world-wide repute, surrounded by the pine-clad mountains of northwestern Virginia, at an elevation of 2500 feet above the level of the sea. It is blessed with a climate wholly exempt from moisture, and a temperature ever free from extremes in summer and winter alike. Added to the benefits derived from the conditions of altitude being perfect, the natural drainage equally so, and the

air always dry, the luxuriant growth in and surrounding the valley absorbs the carbon dioxide and gives out oxygen, resulting in an atmosphere highly ozonized, and as ozone is an indispensable aid to the successful treatment of any disease, the very air the patient breathes here is not only invigorating, curative and health-giving, but death-dealing to the micro-organisms that lurk in the system, and that unchecked will, in the end, undermine and destroy it. Aside from climatic conditions that are perfect, nature has contributed from her full store everything else to make the valley an ideal spot for permanent or temporary residence. The scenery is grand, picturesque and impressive, embracing the different ranges of the Allegheny Mountains on the one hand and the far-distant Blue Ridge on the other. The view shows a wild, wooded, virgin country in one direction, and in the other the fertile, cultivated Warm Springs Valley, with its many evidences of what art can do for the comfort and convenience of mankind. Not least of the latter is the well-built and perfectly-kept roads and drives that lead to the many accessible points from which residents and visitors can drink in the beauty of their surround-

ings

The Warm Springs Valley is situated on a branch of the Chesapeake & Ohio Railroad, eight hours' run from the city of Washington, eleven hours from Philadelphia, and about thirteen from New York. From either point the trip is a most pleasant one, as Pullman compartment sleeping cars run through, without change, a well-balasted roadbed, through a pretty section of country and attended by employes whose courtesy is proverbial. Are you interested in climatology in a general way or for more pungent reasons? Test the claims to your attention set forth by the Warm Springs Vallev.



Society Reports.

NEW YORK ACADEMY OF MEDICINE—SECTION IN ORTHO-PEDIC SURGERY.

Meeting of October 21, 1898.

OBSCURE INJURY OF THE HIP.

Dr. G. R. Elliott presented a boy 2 years and 8 months old, who had fallen from a tree two months before. He complained of the left knee, but was able to walk and run. His father reported that the left foot had been dragged with a decided limp and everted to a right angle, and that its normal position had been restored after manual traction manipulation. A slight limp had, however, persisted. The left leg was 3-8 inch short and the left, thigh 1-2 Gentle manipulainch atrophied. tion seemed to produce a slight slipping of the joint. The child's ligaments were generally relaxed. He suggested the diagnosis of a dislocated hip reduced at once by manipulation.

Dr. N. M. Shaffer said that the limbs were practically of the same length, and that whatever might have been the lesion there were at this stage no positive signs of hip disease, dislocation or separation of the epiphysis.

Dr. A. B. Judson found the trochanter enough above the line to make it probable that there had been a separation of the epiphysis.

Dr. T. H. Myers said that the limp might be from habit acquired when The slight the hip was painful. shortening in itself would not cause a limp. Irregularity in the length of the limbs had been said to be the rule rather than the exception. The cause of the shortening was not apparent, since a dislocation, when reduced, should not leave any shorten-

Dr. R. H. Savre had noticed the presence of marked knock-knee, and the father had said that the child had always turned in his toes. In other words, he had been unconsciously walking Indian fashion to make his feet more comfortable and to protect the arch of the foot. Beyond this the child appeared to be well.

Dr. P. J. Fiske thought that there might have been a bending of the femoral neck due to the accident or acquired in some other way.

Dr. Elliott said that the head of the bone was in its socket, wherever it might have been immediately af-He thought that ter the accident. the question of separation of epiphysis remained undecided. stated that the child had ridden a bicycle frequently since he was taught by his father to ride when he was 18 months old. His greatest distance had been four miles. The boy was 36 1-2 inches in height and his weight was 31 pounds. His bicycle weighed 11 pounds, diameter of wheel, 131-2 inches; crank, 4 inches; wheel base, 211-2 inches; gear, 46. He had ridden without trouble since the accident, but the exercise was forbidden when the patient was first seen, a few days ago. His brother, 41-2 years of age, began to ride a wheel when 3 years old. He had a record of a 20 mile run, and was in perfect health.

THE USE OF THE BICYCLE BY CHILDREN.

Dr. Myers said that in the case of a child who rode a bicycle great care should be used in the adjustment of the height of the seat and the handle-bar.

Dr. Sayre examined the boy's bicycle and said the construction of the seat was such that it would compel the patient to appear before the Section on Genito-Urinary Diseases later on. He did not see why a boy of that age should not ride a wheel if he kept off the street. The exercise should not be more than he could stand. Small children sometimes rode ponies and seemed to get

along perfectly well.

Dr. Judson said that young children rode tricycles without attracting any especial attention. cycle furnished ischiatic support. In appropriate cases he advised its use when it was desirable to combine speedy and agreeable locomotion with relief of the lower extremities from carrying the weight of the body and from the pressure and concussion incident to walking and running. The same was true of horseback riding. Aside from the risk of accident, he thought that the moderate use of the bicycle at any age would promote normal development and health.

Dr. R. Whitman thought bicycle riding was a good exercise for

knock knees and weak feet.

Dr. H. L. Taylor strongly disapproved of bicycle riding for young children, not from an orthopaedic standpoint, but on the ground of its being injurious to the general health.

Dr. Elliott said that children generally assumed bad attitudes on the wheel, leading to faulty development of the thorax. At an early age the bones were soft and the ligaments undeveloped and unfitted to stand the special requirements of riding a bicycle, and the result might be, as in the case of the patient, a relaxed ligamentous system. Bicycle riding by children tended to disproportionate development of the legs when compared with the arms. It should not take the place of general exercise, which developed the whole body alike.

TRAUMATIC SPINE.

Dr. Fiske exhibited a man 34 years of age, who had recovered from injury of the spine with paraplegia and rectal vesical symptoms. The patient had been presented at the meet-

ing of May 21, 1897.*

There had been no return of the symptoms and the recovery was now. more than four years after the accident, complete. The violence had been extreme, followed by rigidity and pain in the dorso-lumbar region, complete paralysis from the waist down, and incontinence of feces and There had been no crepitus and no deformity. The patient was perfectly helpless. The diagnosis was severe spinal trauma, concussion of the cord, damage to ligamentous structures and probably partial dislocation with spontaneous reduction. Treatment had been by a plaster of paris jacket, worn with occasional renewals, for 10 months. There had been no bed sores. Recovery with control of sphincters had been complete and the man was apparently in perfect health. In answer to questions Dr. Fiske said that ankle clonus had not been present, that the lower part of the abdomen had been sensitive, but the scrotum. penis and sacrum were anesthetic; that the sensory paralysis disappeared first; that there had been considerable atrophy of the muscles of the thigh and calf, probably from disuse; that the patient had felt nothing give way, as he was immediately unconscious, and that he began to use his legs in about four months, and could walk at the end of seven The anesthesia of the months. scrotum and penis had led to the opinion that the injury was at the thirteenth dorsal vertebra and first lumbar.

Dr. Elliott thought that the lesion had not been above the first lumbar. Above that point, which was the end of the cord, there would probably have been destruction of the anterior horn cells with ankle clonus and great localized atrophy. He could hardly conceive of anything less than this happening at a higher level after

^{*}See "The Medical Times and Register, August 7, 1897, pp. 79, 80.—Editor.

an injury attended with so much

paralysis.

Dr. Shaffer had seen several such The lower the point of injury the better would be the prognosis. The result had certainly been very good in this case, where there must have been a partial dislocation or fracture. He recalled the case of a man who was thrown from a vehicle and struck the ground in a sitting position. Rigidity of the spine had developed, but recovery had followed with perfect motion of the spine. A certain amount of compression of the anterior column could occur without serious results. If the posterior columns were injured we would get symptoms such as had been present in the patient exhibited.

Dr. Sayre had seen a case similar to the one under consideration. In a railroad accident in which an express car had rolled down a bank a man had been struck violently by the safe. He was paralyzed from the waist down, with no control of the rectum or bladder. This condition lasted some three years. He gradually improved under treatment similar to that described, and had been restored to perfect health.

FRACTURE OF THE SPINE.

Dr. Whitman presented a patient with a rather different history. He was a young man, 22 years of age, who had fallen 25 feet from a cliff. He could walk with assistance and, although he had pain, stiffness and weakness in the back, numbness and weakness in the legs and pain in the lower part of the abdomen and the anterior surface of the thighs, he resumed work as a clerk at the end of a week. Dr. Whitman had examined him on August 8, about two weeks after the accident, on account of a "lump," composed of the projecting spines of the second, third and fourth lumbar vertebrae. There was some pain on extensive motion of the back and moderate rigidity at the seat of the fracture. A brace relieved the symptoms in a great degree, and at the end of a month he considered himself well, although he was still wearing the brace. It was seen that the normal lumbar lordosis had been

replaced by a projection. Motion was practically normal. There had been a fracture and compression of the vertebral bodies and yet the symptoms had been insignificant.

Dr. Myers recalled the case of a man who had fractured his spine in a fall of 25 feet in a doubled forward position. Pain was not severe, but weakness in the lumbar region, the seat of the fracture, prevented sit-ting up or standing. He was in bed for three weeks, and then walked with a cane. A kyphos was found and a spinal brace relieved his symptoms very quickly. He was well in six months. Fractures of the vertebrae often gave symptoms but poorly marked when compared with fractures in other locations. The most common symptom was weakness. Crepitus and false points of motion were not usually detected. Pain was moderate and deformity was frequently absent until after the patient had assumed the erect position for several days.

UNUSUAL FRACTURES OF THE NECK OF THE FEMUR.

Dr. Taylor presented a boy years of age, who in October, 1896, felt sudden severe pain in the right leg, followed by lameness for two weeks. No shortening was noticed. After that he had lameness and disability with but little pain till January 3, 1897, when he slipped and fell on the floor with the knee bent under him. He was unable to rise or walk, and the neck of the right femur was found to be broken. was treated by a plaster of paris application, and in July, 1897, when first seen by Dr. Taylor, he was limping badly; the trochanter was one inch above the line, there was extreme eversion and very limited motion. Crutches were advised. In December, 1897, the patient had been free from pain for many months, and there was increased motion. April, 1898, under an anesthetic, more mobility and lessened eversion were gained by manipulation, which was repeated in September, 1898, with further improvement.

Status praesens: 30 degrees of free lateral motion, considerable free rotation and 30 degrees of flexion.

Trochanter a full inch above the line. Walking was very free, but with a slight limp. An apparatus, soon to be laid aside, was worn to

prevent outward rotation.

Dr. Taylor also presented a boy of 18 years, who, in December, 1897, fell on his left knee. There was immediate stinging pain in the left hip, but he could walk with some assistance. He soon walked with a cane, and three weeks after the fall there was a marked limp with very little motion in the hip. The limb was one inch short and rotated outward. The trochanter was one inch above the line and there were tenderness, induration and muscular spasm about the hip. Treatment was by traction splint, long crutches and a high sole on the foot of the well side. In May, 1898, the patient had been free from pain for two or three months, and there was more motion. The splint In September a was removed. cane was substituted for the crutches. Status praesens: Walking with a considerable limp. No pain. Can raise the leg while lying. Shortening of one and one-half inches. Limited motion at the hip and adduction. These cases were of especial interest on account of the youth of the patients and the slight violence of the accidents.

Dr. Whitman said that the first patient doubtless had coxa vara, which weakened the neck of the femur, causing it to break under a moderate degree of violence. three cases of coxa vara in young subjects he had operated by removing a wedge from the base of the trochanter in order to restore the neck to its normal position strength. The second patient also probably belonged to the same class. He recalled the case of a young colored girl, who, after a period of slight limping and outward rotation, with slight stiffness of the hip and pain in the thigh, suffered a fall on her way to school. She was carried home with typical fracture of the neck of the femur. She was treated by the use of a traction splint with

a favorable result.

Dr. Taylor said that he was confirmed in his opinion that bending of the neck of the femur had preced-

ed the accident and had made easy the fracture of the bone in the case of the first patient presented. the second case, however, there had been no previous signs or symptoms of deformity of the femoral neck, and such a condition must be considered hypothetical.

CONGENITAL DISLOCATION OF THE HIP.

Dr. Elliott exhibited a further dissection of the specimen shown at the

last meeting of the section.*

The patient had been a girl 7 years of age. The dislocation of the right hip had been upward and forward. The neck had been found to be short, and the muscles shortened and somewhat atrophied. During life there had been more than one inch of shortening and the child had walked with difficulty, like one with weak muscles. The head had made a deep and extremely well-defined acetabulum, lined with cartilage, below and near the anterior superior iliac spine. The original acetabulum was almost equally well defined, measuring one and one-eighth inches in its vertical and one inch in its transverse diameter, with a depth of one-quarter inch. So well defined a first acetabulum at this age was Lorenz cited one at the age of 18 years, and the older anatomists found them at very late periods of life. As a rule, however, the acetabulum not in use failed to keep pace with the development of the other parts and at an age much younger than that of the specimen it was usual to find it rudimentary and frequently presenting a convex contour. The old acetabulum was found to contain some fat, but was chiefly occupied by an exceptionally large ligamentum teres, measuring one and one-half inches in length, three-quarters inch in width and three-sixteenths inch in thickness, running from a well-defined cotyloid notch through the vertical diameter of the acetabulum to an insertion in the femoral head. As a rule the ligamentum teres had been found at the age of 3 or 4 years to be a mere ribbon or to have disappeared. In the

^{*}See "The Medical Times and Register," September 24, 1898, p. 179.—Edi-

usual dislocation on the dorsum iliac the disappearance of the ligament might be explained by the facts that it had no function and was compressed closely between the margin of the acetabulum and the femur. In the specimen, however, the displacement had been directly upward, and the tremendous size of the ligament was apparently the result of its being called on to sustain the weight of the trunk at every step in walking. Its great size, then was physiological rather than pathological.

Dr. Whitman said that the old acetabulum appeared to be of fair size, and that, as the tissues were doubtless far more yielding in life than in the preserved specimen, an operation by the open method, in which the hypertrophied ligament would have been removed, might have been successful.

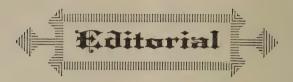
Dr. Sayre said that, as the head was as broad as, if not broader than, the place where the acetabulum should be, it was doubtful whether chiseling away a part of the head would not have been required before reduction.

Dr. Judson presented a photograph of talipes valgus of the left foot in a man about 35 years of age affected with locomotor ataxia of several years' duration. It was an instance of Charcot's joint affecting the tarsus. The patient's right knee joint had been exsected for this condition, but stability had not been restored to the knee by the operation. Pathologically there were pulpy and fluid degeneration of the bony and other tissues and disintegration



TABETIC TALIPES VALGUS.

of the structures of the joints. Equino-varus also occurred in locomotor ataxia and in Friedreich's disease, but was the result not of bony changes but of abnormal muscular action. The primary disease was so serious and disabling that the question of treating these secondary affections was not often a practical one. Mechanical treatment might, however, be considered with three objects in view: first, to give firmness to the foot and ankle and direct the sole to the ground; second. to give lateral support to a Charcot's knee and third, to stiffen the knees by the use of automatic joints in order to prolong the period when locomotion is possible with the aid of crutches.



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CUT RATES AT CORNELL.

The past three years have been unusually eventful in matters medical in New York.

The New York Herald alleges that the medical colleges have commenced to "cut rates," under the follow-

ing note:

"According to the report of Chancellor Henry M. MacCracken, read at the sixty-eighth annual meeting of the council of the New York University yesterday, there was a general deficit for the year of about \$10,000 in various branches of the institution, due to interest charges upon real estate. Gifts in money, however, have been received during the year aggregating \$346,055, and many very valuable collections of books, models and specimens for the museum have also been contributed. There is a total enrollment of 1625 students, a gain of 22 per cent. since last year. The Chancellor made the following statement, which is taken to be an attack on Cornell University:

"Our medical work, which at the date of the Chancellor's report last year was in an unsatisfactory condition, is now very prosperous. The enrollment of students is more than one-half larger than last year. faculty is most harmonious and efficient. A few unwilling professors have been spared to join an eager sister university. We regret that the eagerness of this out-of-town corporation to collect hastily a medical school has led them to offer to matriculants of one year ago doctors' diplomas after two years' additional study.

COULD NOT MEET CUT IN RATES.

"We could not meet this offer, having announced that the class of 1899 should be our last three years' class. We preferred to lose a score or two of students from our second year class rather than meet this cut in rates. The present indications are

that we shall be the gainers, even as regards the number of students, by our adherence to our high standard."

In another part of his report the Chancellor declared against co-education in medical schools as wholly unsuited to metropolitan conditions. He announced the consolidation with the Bellevue College as "organic and complete." A memorial resolution on the Rev. Dr. John Hall was adopted.

The University Medical College sprung from the ashes and pressed on to a leading institution of learning under the "cut rate" scheme, and now it appears that its faculty, which went bodily out and organized Cornell Medical College, have found it desirable and necessary to resort to the same tactics, not by cutting fees, but by lopping off a year of study.

Chancellor McCracken would do well to explain on what principle of equity or justice his corporation secured the medical college buildings, the property of the University Medical College, without compensating the lawful owners. What "organic" consolidation can be referred to? The University faculty organized Cornell Medical and "combined" with nothing. The faculty of Bellevue simply stepped into their places.

Now, where does the so-called "combine" come in?

Cornell is about to construct another large medical college on a vast endowment, under the shadow of old Bellevue Hospital.

Cornell opens its career under most auspicious circumstances, with a very large endowment and a corps of teachers of international reputation

However, from past experience and the manner in which successful teaching is best advanced in other places, we believe a mistake been made in selecting a site so far downtown, and in not making provision for hospital facilities of their own. In the hospital reorganization in New York three years ago all the hospital appointments were controlled by the three medical colleges, but so loud and urgent were the protests of the profession against this monopoly that that arrangement had to be revoked and the nominating power taken entirely out of the hands of the medical colleges. Physicians and Surgeons' Medical College is quite independent of city hospitals. The University and Cornell must soon make similar provisions, else reciprocal under-cutting of rates may be certainly looked for.

A GOOD WORD FOR THE NEW YORK CLINICAL SCHOOL OF MEDICINE.

We have had the pleasure of visiting several of the post-graduate colleges of this country recently and were impressed with the value of the instruction given. We wish at this time to specially speak of the New York School of Clinical Medicine. This school is conducted on the plan of the European institutions for post-graduate instruction and a course at the school is next to a course abroad, with the advantage of the instruction being in English.

The faculty is composed of men of international reputation, who are all able clinical instructors. Each professor takes only a limited number of students in his class at a time and never more than can receive personal instruction and do actual work. The students at this school do not attend didactic lectures, any physician can get plenty of these in his literature, but the time is devoted to the practical work. Students have abundant opportunity to do all kinds of work under the guidance of the professors.

The school has an abundance of clinical material to demonstrate the teachings of the professors. Many of the professors have recently been in Europe and present the latest ideas not only of this country, but of the world. The student learns the actual use of all instruments in

the various departments.

The operative work on the cadaver is a valuable feature in the courses at this school. All the operations of general and special surgery, intubation, etc., are performed by the students on the cadaver, the eye and the ear operative courses being especially fine.

The school is in a flourishing condition, because it gives just the kind of a course desired by the practical physician. Those who have taken one course feel that they want to return again and take more post-grad-

uate work in the future.

—The Wisconsin Medical Recorder.

We are much gratified to read the above from our well-known Western contemporary, as several of the best known on the staff of this institution are regular contributors to the columns of the "Times and Register."

Their system of teaching is what particularly commends itselw; the suppression of long-winded dissertations and the substitution therefor of immediate and personal instruction is to be particularly commended for veterans who have done their time on the benches.

Besides, New York, as a populous centre, provides the anatomical material so essential to all substantial advance in surgery or the specialties.

DIET IN DIABETES.

Treupel (Munch. med. Woch., July 26, 1898) discusses some points in diet. In diabetes the objects are (a) to lessen the production of sugar, and (b) to promote the consumption of sugar already present in the fluids of the body. Both these objects are effected by limiting the carbohydrates. Thus a strict diet of albumens and fat should be imposed, but for not longer than four weeks. Then an amount of carbohydrates may be allowed according to the case. Beer should as far as possible be avoided. Pentose and ramnose belong to carbohydrates, which are well borne without increasing the amount of the sugar. Individualization must always be practiced in the treatment The author then deof diabetes. tails (a) strict and (b) more generous diets for diabetics. As regards subcutaneous feeding, fat is best adapted for it. After the injection of sugar painful infiltration is often observed, even when sterilized solutions are used. Albuminous solutions are not to be recommended.

Artificial food stuffs are useful in cases of blood diseases accompanied by wasting, in the febrile, and especially in tuberculosis, where the ordinary food stuffs cannot be employ-Artificially prepared fats are comparatively little used, but lipanin and some others are readily absorbed. The ordinary fats, as in butter, cream, yolk of egg, are, however, very digestible. Many artificial preparations of carbohydrates are in use. In infants' foods diastase has converted the starch into sugar. It must be remembered that milk, sugar and other forms (especially honey) contain valuable and soluble carbohydrates, and have the advantage of being cheap. Of all artificial foods the albuminous are the most important. Somatose, nutrose, eucasin, sanatogen and sanose are excellent preparations. The two essentials of these albuminous foods are that they should be palatable and cheap. As yet an ideal preparation —that is, one which will satisfy these two conditions—has not been discovered.



The History of Prostitution: Its Extent, Causes and Effects Throughout the World. By William W. Sanger, M. D., New York. Published by the Medical Publishing Company, No. 17 Ann street, New York city. Price, \$2.

With the broad spirit of humanity and a desire to benefit his fellowman, Dr. Sanger has given to the world, in this book on prostitution, a gem of historic facts. His position of resident physician on Blackwell's Island gives him peculiar advantages of studying prostitution in all its aspects, and he certainly has produced a work of excellent worth. Beginning with the Jews, he follows along the early periods of ancient chronological history to the Christian era. He then takes up the subject with European countries in the middle ages, and details on the methods, laws and customs of those times. Then he continues with the subject in the Asiatic and European empires of modern times, and finally with a complete resume of its history in the countries of the Western Hemisphere. He deals with its diseases, effects on constitutions and moral side; the statistics of its existence in New York city, and the legal aspects, with the attempts at restriction and remedial measures.

While the subject is a most delicate one to handle properly, we are forced to grant that Dr. Sanger has set the matter in a judicious light, and the work is both interesting and instructive, and worthy of great suc-

MANUAL OF ORTHOPEDIC SURGERY.—By Stewart LeRoy McCurdy, A. M., M. D. Now Ready.

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LATE LITERARY NEWS.—Much interest has been excited in America by the telegraphic accounts of Hooley's apparently wholesale purchase of British noblemen for use decoy ducks to his various stock schemes; and his connection with the highest political officials of the Empire. THERON C. CRAWFORD, who has been in England for THE COSMO-POLITAN, takes up the subject in the November issue of that magazine, and under the title of "Hooley and His Guinea-Pigs," gives a connected story of the derivation of Hooley and his rise to the control of millions through unlimited cheek and the opportune willingness of distinguished British aristocrats to lend their names for a financial consideration to any sort of a shady transaction.

CLINICAL SURGERY AND SURGICAL PATHOLOGY In charge of T. H. MANLEY, M. D., New York

արգվանդությանը, ընհայուրանակության է, որ անարդանարդանությանը, որ անարդանարդանարդ և արդանարդան արդանարդ և արդան

THE CORSET: A USEFUL GAR-MENT.

The inevitable corset has been the subject of so much abuse, both deserved and exaggerated, that to see it mentioned in other than disparaging terms is a decided relief. claims of distorting and even painful effects of its use have been so magnified that few have had the courage to advocate whatever redeeming qualities it might possess. The controversy has aimed to eliminate the abuses by abolishing the corset in toto rather than by seeking to improve it. The result is striking. Makers have increased and wearers multiplied. That the mandates of fashion supply devotees we must admit, but it is also a fact that fashion itself depends fundamentally upon physiological principles. The principles underlying the corset are constantly applied in the prophylactic and curative measures of medical practice so that benefit must inevitably follow its proper use. In commenting upon the vertical and unnatural attitude of man. Doctor T. H. Manley, in the Virginia Medical Semi-Monthly, makes this plain statement: "It has long been my conviction that there is no garment in the female apparel more necessary and comfortable than a properly adjusted corset. * * * Along with imparting grace and symmetry to the figure, it likewise is a support and protection. * * * It takes the superincumbent off the mid-dorsal spine and conveys it to the broad, strong cresta ilii, and also imparts a sense of comfort and security." To meet his requirements of an ideal corset it must be light in weight, strong and durable, so constructed as to be easily cleaned and so adjusted as to support the upper dorsal spine and related parts from the broad iliac crests. Tight lacing may be harmful, but the assumption that this is synonymous with corset wearing is groundless and yet responsible for the denunciations it has innocently received. It is evident that in dress as in other sanitary affairs much more may be accomplished by judicious advice than by wholesale condemnation.

-The Physician and Surgeon.

A STUDY OF TWO HUNDRED CONSECUTIVE OPERATIONS FOR THE RADICAL CURE OF HERNIA.

By ARTHUR E. BARKER, F. R. C. S.,

Professor of the Principles and Practice of Surgery and Professor of Clinical Surgery at University College, and Surgeon to University College Hospital.

(Abstract.)

In a paper which I had the honor to read before the Royal Medical and Chirurgical Society in April, 1890, I analyzed my first 50 cases of radical cure of hernia, and I venture to think that a brief study of a further 150 since consecutively operated on may have a certain value.

In the paper referred to three questions were taken as the basis of the inquiry upon which I hoped the 50 consecutive cases would furnish evidence:

1. Is the operation called for?

2. Is it safe (a) as regards the patient's life; (b) as regards the contents of the scrotum?

3. Does it secure against a return of the hernia?

In order to preserve a certain uniformity between the analysis of the succeeding 150 cases, these questions will be still taken as the text of the following inquiry, which in other respects as well will be made to follow

the lines of the first communication

as nearly as possible.

The first question now needs an answer, if the operative interference be limited to the young after infancy, and to those who are debarred from this or that calling by reason of the hernia. So far most surgeons are agreed, and in all the cases before me there was good reason for the measure. In many other cases the operation was refused, because there seemed to be very little special reason for its performance. In many cases, too, of strangulated hernia operated on during the same period, a radical cure was included in the procedure, but such are not recorded here, the inquiry being entirely confined to non-strangulated herniae.

As to the risks of the operation for radical cure, if anything is learned from this series it is that the danger is small. Out of the 200 operations there were only three deaths. And when we consider that the procedure is a lengthy one, and that in many cases the conditions for which it was done were very complicated and involved considerable risks, even without operation, the mortality may be said to be low. And this point is further emphasized when we examine the cause of death in the three fatal cases.

As to the risks to the structures of the spermatic cord and testis, only two are recorded. In one I inadvertently snipped across the vas deferens, and in another while separating the sac it was broken across with my finger nail. In another case of a man aged 60, with the largest scrotal hernia I have ever, I think, seen. I designedly removed the testis and remains of the sac, after closing the hernial opening on account of a large hematoma, which formed in the scrotum and subsequently suppurated. The patient had no suppuration in the hernial wound, and made otherwise a perfect recovery, and remained well until his death fifteen or eighteen months later of cerebral apoplexy.

There were no intercurrent troubles except bronchitis, influenza, tonsillitis, cystitis and bad diarrhea, gout and diabetes. But, as mention-

ed, I believe these decidedly influenced the healing of the wounds in some If these cases so affected were eliminated from the series, the latter would show very few cases of suppuration. The ages of the patients ranged from three months to over 70 years: 35 were under 132 between 26 and 60 years of age. Altogether there were 178 patients operated on, six of whom were subjected to a second operation on account of recurrence of the hernia. The vast majority suffered from oblique inguinal hernia—155 out of 197, including 30 on both sides. Excluding the latter there were 86 right and 39 left inguinal. Of femoral herniae there were 10, of umbilical 4, ventral 13.

In almost every other case hard twist Chinese silk boiled in 1 to 20 absolute phenol was used, my earlier experiences with gut of all kinds not impressing me favorably. Some of these silk sutures, as has been said above, worked out to the surface; but, considering that above a thousand must have been used in the 200 operations, the proportion was small.

As to the last question put regard to the immunity from recurrence after these operations, it is an extremely difficult one to answer. Most of these cases, of course, were hospital patients, and to follow them up has been next to impossible. But this much I can say, namely, that I constantly hear of my patients from various parts of the world in every profession and employment who are quite rid of all their troubles, and that I very rarely now hear of a recurrence. Whether this is due to the fact that Bassini's operation been the method I cannot say, but I certainly regard it, when carefully carried out, as the best operation of any yet devised.

—The British Medical Journal. Note.—The above is from the pen of one who was among the pioneers in the operative cure of hernia by the open method. Mr. Barker here gives an ample number of cases to bear testimony to the great value of surgery as a speedy means of radically curing hernia. But he has had a mortality, very small it is true; however, in properly selected cases

there should be none at all in nonstrangulated ruptures. Mammoth, old, incarcerated, inguinal or umbilical herniae are not without serious

risks in operations.

It is curious to note that Mr. Barker always employs silk suture, the best material without doubt, though the knots left in the tissues quite usually make their way out in time. On the whole the record is most gratifying and encouraging, and warrants the hope of radical cure for the hernial infirmity. T. H. M.

VOMITING DURING ANESTHE-SIA.

In the Medical Times of August 31, 1850, Dr. Snow published a letter in answer to a pamphlet by Professor Libars, entitled "Chloroform, Its Absolute Safe Administration" (Robert Lowe Holmes, 3 and 5 Dunlop street, Glasgow). Referring to the liability of patients to vomit during the administration of chloroform, Dr. Snow wrote: "The patient is indeed liable, though by no means certain, to vomit when the stomach is full, but the vomiting has not in any case been attended with ill consequences of any kind, and I (Snow) have seen at least two hundred patients vomit while partially under the influence of chloroform. In two or three cases, in fact, the patients, who had eaten a very full meal, vomited and inhaled by turn during the whole operation. If the rejected food were liable to enter the glottis of course there would be some inconvenience either at the time or afterward. . . . As regards Professor Libars' apprehension that the great proportion of deaths are due to this cause the simple answer is that the patients who have died from the effects of chloroform did not vomit, and that nothing was found in the windpipe to obstruct respiration in such of them as were examined after death.

-The London Medical Times.

CONGENITAL SYPHILIS.

Mr. J. Hutchinson, Jr., believed that congenital syphilis was frequently overlooked in young adult patients, because too great importance was attached to the presence or

absence of the typical malformation of the teeth and of interstitial keratitis. Probably these symptoms were absent in about 50 per cent. of those who had inherited syphilis and who lived to adult age. Our knowledge of the disease of lymphatic glands due to syphilis had in the last few years materially increased. Besides the symmetrical synovitis of the knees, which occurred about the time of the interstitial keratitis, it was certain that a form of osteoarthritis, and of joint disease closely resembling tuberculous arthritis. might develop from inherited syphilis, apart from nodes on the joint ends of the growing long bones. The speaker described cases of apparently gummatous disease of lymphatic glandscervical, mediastinal, etc., and also of chronic renal disease associated with inherited syphilitic enlargement of the liver and spleen. The hepatic lesions due to this disease might obstruct the inferior vena cava, just as a mediastinal gumma might involve the superior vena cava. Cases of both kinds were related.

-The British Medical Journal.

VARICOSE VEINS.

1. While there exists an element of uncertainty as to the etiology and pathology of varicose veins, enough may be ascertained from long-continued observation to confirm certain well-defined views pertaining thereto. For practical purposes, as far as their causation is concerned, varicose veins may be divided into four classes: (1) Congenital cases. These form a large percentage of the cases usually encountered, and they occur in two varieties, those connected with the subcutaneous veins only and those having a direct and gross communication with the deep venous trunks. Heredity plays an important part in this class. (2) Cases due to obstruction of the blood current by external or internal pressure. (3) Cases caused by strain. There is no question that, other things being equal, the veins of young persons subjected to abnormal or sudden strain tend to become varicose more than the veins of those persons not subjected to such strain. Bennett has seen not a few instances of this variety, and suggests that there probably exists some inherent defect in the veins themselves. Cases due to thrombosis. The importance of thrombosis as an etiologic factor in varix is not usually dwelt upon. In fact, many instances no doubt occur, in which the formation of a thrombus, prior to the development of varix, has been unnoticed. Examples of this may be found in which, after a severe strain of the leg, primary dilatation of the saphenous vein ensues, following, undoubtedly, thrombosis of the venae comites of the posterior tibial artery. The general disregard of the possibility of thrombosis accounts for the prevailing opinion that varicose veins of the lower extremities are not dangerous to life. Apart from the danger of fatal hemorrhage, the possibility of thrombosis leading to fatal embolism should not be overlooked. This is especially true of varicose veins in the thigh or at the knee, where a recent clot is always a serious and sometimes a fatal complication. There are certain conditions that predispose to thrombosis in varix, such as acute bends or cysts in greatly dilated vessels; situations continually subject to mobility, as at the knee, and trauma-For certain well-defined reasons, the portion of the inner half of the circumference of the lower limb, from the middle of the thigh to a point three inches below the line of the knee joint, should be regarded as the dangerous region in varix. In this region cysts of great size are common, and huge dilated vessels, valveless and with abrupt bends, are frequent; in this region, too, the veins are especially liable to traumatism, and they are constantly subjected to movements produced by flexion and extension of the joint. Thrombosis may have a beneficial influence as well. If the clot becomes organized spontaneous disappearance of the varix may ensue. The most complete example of spontaneous cure is seen in varicocele, in which occasionally a perfect cure will follow thrombosis, which in such cases is usually of traumatic origin, or in subjects with gouty tendencies.

As regards the palliative treatment of varix the indiscriminate employment of elastic support is strenuously objected to. Massage, discriminately employed, moderate exercise, and elevation of the limb for an hour or so each day, are all that will be required in the early stage. Operative interference is clearly indicated in certain cases, but, as a rule, too often the patient is assured that a cure will be thereby effected. The most that can be achieved by operation is the relief of certain discomforts, the arrest of progress, the prevention of subsequent complications. When the varicose condition is local, that is, with well-defined limits, the isolated dilatations or cysts should undoubtedly be removed. If the disease be confined to the leg operation is sometimes harmful, as it can accomplish no more than moderate elastic support, which might still be necessary. Exception to this rule may be taken when a very tortuous and thin-walled vessel passes obliquely across the shin, where it is especially subject to traumatism. Finally, when the saphena of the thigh is involved no operation should be performed that does not include removal of the vein from a little below the knee, where the two venous trunks form the leg joint, to a point a little above the lowest third of the thigh. Any operation that, under these conditions, limits itself to the leg is useless.

Lancet, October 15, 1898, No. 3920.
1. Varis: Its Causes and Treatment, with especial Reference to Thrombosis.—William H. Bennett.

SOME REMARKS ON THE MID-WIFERY QUESTION—MUST THE MIDWIFE PERISH?

> BY THOMAS J. HILLIS, M. D., New York.

The influence of the midwife on the practice of medicine has received a large share of the attention of the profession for the past year. One would hardly think that this unobtrusive old lady would be the cause of such fuss and excitement but such is the fact, and she is now discussed pro and con in and out of medical societies—her individuality, her methods and her prospects for the future.

From this shaking up it would appear that the great body of the medical fraternity has just awoke to realize that such an individual as she has only begun to exist, or is a thing of rapid pernicious growth. seem to be unconscious of the fact that she was in existence and past grand mistress of her art in the days of the Pharaohs and long anterior to the lawgiver Moses, but are ready and able to believe that after the passage of a law and the stroke of a Governor's pen she will receive her quietus and cease to exist as a disturbing element in the medical household.

We would have them remember that the customs and usages of a people for ages are not obliterated by the stroke of a Governor's pen or by an act of Congress either. is easier for a camel to go through the eve of a needle than it is to nullify the unwritten law on the usages of a nation; in fact, it may be said that these old customs and usages are a higher law, and one from which there is seldom any appeal. It is childish to assume that she can be erased and relegated to the shades of some purgatorial limbo for her shortcomings and her memory effaced from the monument she has built for herself in the hearts of the people.

The midwife can be found in every region of the habitable globe, barbarous and civilized alike. She has withstood the mutations of time and fortune for over five thousand years; she will withstand them until time is no more. She was called and appointed to fill an emergency and officiate when bashfulness or expediency demanded her presence, in preference to that of a physician, even though one was in waiting in the anteroom of the accouchement

chamber.

Then we shall have to consider this prehistoric figure to-night, as of old, a part and parcel of the social fabric, as to destroy her would be to tear that fabric to pieces and bring about a condition of social chaos.

ABOUT THAT MAGAZINE OF GUN COTTON SHE CARRIES CON-CEALED IN HER SKIRTS.

A great hubbub is now being made

about the poor equipment and want of qualification of the midwife of to-day, and about the train of disease and disaster that follows in her wake. One thing, however, is certain, that she is an improvement on her sister of the past; though it must be admitted that, like all of us, she has a great deal to learn before she reaches the perfection mark that some would demand as a necessary adjunct of her calling.

Great stress is laid on a few isolated cases adroitly and historically told at the meetings of medical societies from time to time by good men and true, who think they have a mission to perform by opposing her, and who are animated by an honest desire to lay this old lady, the midwife, in the grave of her fathers; as, for instance, a dreadful and tragic event that could have been averted had the female in attendance been an intelligent and qualified person. The truth is simply this: that the exceptional cases told so artfully and well by interested parties only prove the rule, and that rule is, that it is surprising how few fatal cases occur in midwifery practice, when we consider how widespread that practice For instance, about half the obstetric work of Greater New York is done by women, most of whom are ordinary midwives, a small fraction of whom are women doctors; the remainder, a goodly portion, is accomplished through the good offices of neighbors and janitresses, which latter often take the place of first assistants to the historic and muchabused midwife.

In the crowded tenement districts and flats this latter contingent, undergraduates of the midwife, take great pleasure in cheating the attending physician out of his fee, by not sending for him until too late, or by obstructing and badgering those interested in his coming. Their obstetric labors over they immediately start in to abuse the physician, whom they intercepted, for his tardiness. After the physician has departed in disgust, often in a huff, the auxiliary and impromptu midwives compare notes and finally compromise with the lying-in woman and other interested ones for a pint of beer, which is drunk with great gusto and many well wishes for the return of the same.

ON THE MORTALITY OF MID-WIFERY PRACTICE.

Not more than 1 or 1 1-4 per cent. of the great multitude of lying-in women attended by midwives die in the puerperal condition, and it is doubtful if the services of trained physicians would materially alter

these figures.

That He tempers the wind to the shorn lamb is a great truth, but not truer than that nature is kind to the puerperal woman in her simple and lowly condition, especially when surrounded by squalor and filth. Even handicapped thus, nature is loath to destroy her creation, and spreads a network of protection, woven with inimitable art, over the exposed surface; this network will prove a bulwark against disease if the seed of contagion has not been already sown by direct contact with the fingers of the attendant, be that attendant doctor, midwife or janitress. No such disasters follow in the train of the midwife as we are told so pathetically, so plaintively, by well-meaning but chicken-hearted gentlemen of our cloth from this and other platforms.

As a rule midwives get frightened early in a case, and often summon a physician when his services are not really required, as the case is a normal one and prognosis most hope-

ful.

For one stupid and incompetent midwife there are a hundred alert and active ones, who are quick to recognize danger and in time to summon medical aid. Indeed much more injury is done by meddlesome young physicians in pinfeathers, who are attaches, aides-de-camp and supernumeraries of dispensaries and so-called lying-in asylums, with which unfortunately our city is weighed down.

These fledglings often invade a household as the parturient period draws near, and often two or three of them billet themselves on a wretched tenement for periods varying from six hours to four days; sometimes by relays they exceed this mark and sojourn for a week in the poverty-stricken hovel.

This perpetual vigil thus kept up

by the enterprising young medicos in anticipation of a momentary accouchement is sometimes rudely broken, for it often happens that their anticipations are not realized. During this sojourn of the young physicians at the humble hostelry of the parturient women, they make about three hundred vaginal examinations each, and generally succeed in congesting and drying up the parts and causing the woman much pain, often retarding labor for hours and raising the body temperature, thus unfitting her for the ordeal through which she must pass during her lying-in period; indeed, often jeopardizing, if not destroying, her life.

It appears that the objective point in these over frequent examinations is the cervix, and the object to be attained the degree of dilatation of that cervix. A matter, too, of the highest importance to them is, what is the presenting part, and what the position of the head? This latter, though impossible at this early stage, is diagnosed with ease and accuracy

by these medical wiseacres.

After dwelling in one of these abodes of misery for two or three days at a stretch, waiting and watching for an event that does not obligingly come off, the young disciples with some disgust pick up their belongings and hie themselves to their respective lodgings. It may be worth while to see what these belongings are. They consist of sometimes a change of clothing in a dressing case and always of an immense gripsack stuffed to bursting with the very latest obstetrical outfit, where it is displayed conspicuously on a front table, that all may see and many wonder and guess of its con-We will now open the bag thus conspicuously displayed, to find that the young physician provided for himself well in this, his enormous bag, and when he packed it took care to be prepared for all emergencies.

A few of the many things this immense bag contains are a rubber apron, a rubber sheet, a Kelly safety pad, a half-dozen Barnes cervical dilating bags, an ether cone, a chloroform inhaler, a pair of baby scales, a quarter of a dozen perineum nee-

dles, two clamp, forceps, two yards of iodoform gauze, one pound of absorbent cotton, a half a dozen twoinch and a quarter dozen three-inch roller bandages, one tongue forceps, a quarter of a dozen scalpels, keen and shining, a symphyseotomy saw, a cephalotribe, a Tarnier forceps, a pair of non-fenestrated bull-dog forceps, a Lusk short forceps, a pelvimeter, and a full set of transfusion instruments. This, as hinted above, is only a small part of the contents of this remarkable bag, lugged into the sick room by this young disciple of Esculapius.

The writer of this article could relate sad reminiscences, reminiscences that would wring the hearts and cause tears to well up in the eyes of strong men, as a result of the meddlesomeness and bungling on the part of those young men playing at medical surgery by the grace and at the pleasure of dispensaries and

lying-in asylums; indeed, very much more than he could of the midwife, though intimately acquainted with her methods for 20 years.

—Medical Record, Oct. 1, '98.

Note.—We cordially indorse every word this thundering Isaias has uttered. Our duty is not to denounce the midwife, but to educate her. She daily ministers to thousands in this country utterly unable to meet physicians' bills, and often serves those in higher ranks of life whose sense of modesty revolts at the thought of indecent exposure before one of the opposite sex. The time has come when every trained nurse should be able in an emergency to attend confinement cases. This branch of the healing art certainly belongs to women. Their very nature and circumstances totally unfit to be general practitioners, but with obstetrics they are certainly at home. T. H. M.





THE EXTERNAL AND INTER-NAL USE OF XEROFORM IN DERMATOLOGY.

> BY DR. EHRMANN, Lecturer, Vienna.

(Abstracted from the Wiener Medicinischen Blatter, No. 22, 1898.)

The author has used Xeroform in his clinic for more than a year, and believes that he is in a position to pass judgment upon its therapeutic value. He has treated 178 patients with it externally, and 45 patients internally, and since 13 of these latter cases belonged to the first class also, the entire number of treated was 210.

The external cases were partly superficial diseases, partly clean incised and operative wounds, and partly suppurations and necroses of

the skin. 1. Superficial diseases: Balanitis41 cases Moist eczemas30 Traumatic erosions of the genitals 8 Eczema of the anus and nates (13 of them treated internally also)15 Iodoform eczemas 9 2. Suppurations and necroses. Chancroids 47 cases Varicose ulcers11 Tuberculous ulcerations of the nose and penis (1 of Phlegmons of the hand with panaritium 5 Suppurating buboes11 Incised furuncles 3 3. Clean operative wounds: Extirpation of dermoid cysts 2 cases Excision of chancre..... 4 Phimosis operations 8 Excision of mollusca fibrosa. 4

Excision of periurethral false passages 2

Considering Class 3 first, the author states that the wounds were sutured, powdered with Xeroform, and, according to their seat and size, covered either with Xeroform gauze or simple sterilized gauze, and bandaged. Sometimes straps of the 5 per cent. collemplastrum saponatum salicylicum were used.

All the operative wounds healed by primary intention; there was no trace of suppuration in the sutures.

As regards the suppurative processes, the author can add to the favorable reports made by others the facts that there never occurred under the Xeroform dressing the granulomatous formations leading to pus retention in the panaritiums and phlegmons of the hands, nor the maceration of the epidermis, and the artificial eczemas that are so common with iodoform. The same was true of the chancroids. When the layer of Xeroform was washed away daily with lukewarm water, and the powder reapplied, cicatrization occurred on the average in two weeks.

In the extensive varicose ulcers the secretion diminished rapidly; a matter of importance for quick cica-The ulcerated surfaces trization. were powdered with Xeroform, and then covered with the 5 per cent. collemplastrum saponatum salicylicum; the plaster being renewed twice and the powder once in 24 hours. A more frequent application of the Xeroform is not desirable; too firm a crust is formed, which does not permit the secretion to percolate out.

The same precaution had to be observed with suppurating buboes after incision and with furuncles. The abscess cavities were covered with a thin layer of Xeroform, and then packed with Xeroform or simple sterilized gauze. In the tuberculous ulcerations this did better than any other dressing; the torpid, flabby granulations became firm, they lost their edematous appearance, and so were prepared for more rapid cicatrization.

Xeroform seemed to do best, however in the widespread inflammatory affections of the skin accompanied with hypersecretion, especially in balanitis. It was better than the salicylic powders in that it has no cauterant action, and yet diminished the secretion, removed the obnoxious odor, and rendered the formation of normal epidermis possible. In erosions of the genitals its advantages

were equally marked.

Xeroform was equally beneficial in the moist eczemas when these are circumscribed, as on the hands. This is of especial importance, for in public practice this variety of the disease is very troublesome to the physician. He will welcome a remedy that causes a rapid diminution of the secretion and renders the use of ointments possible. Ehrmann formerly employed a 20 per cent. nitrate of silver solution for that purpose. This was not always agreeable to the patient, who welcomed the substitution of Xeroform.

Among the local eczemas for which Xeroform seemed especially suited were those of the anus and surrounding regions, more especially because its external application as a dusting powder can be combined with its internal adminstration.

Acting on the suggestion of Hueppe, who employed Xeroform as an intestinal antiseptic in cholera with great advantage, the author administered Xeroform in several dermatoses that are notoriously accompanied with increased decomposition of the intestinal contents.

The obstinacy of anal eczema is due to the fact that its cause is the abnormal composition of the contents of the intestine that pass out. All individuals affected with it have either habitual constipation, or intestinal atony, or suffer from flatulence. From remaining too long in the intestinal canal the feces are ash gray in color, or they have an unusually penetrating smell. Other

cases have alternately constipation and diarrheal stools. In none of these cases can any permanent result be obtained without a suitable treatment of the gastro-intestinal This treatment varies, of tract. course, in every case; regulation of the diet, of the habits of life, of exercise, with abdominal massage, gymnastics, etc., are required, but intestinal disinfection is indicated in all cases. The author formerly employed ichthyol, creosote and menthol for that purpose; but he was glad to replace them by Xeroform, which has no unpleasant odor or taste, and causes no eructations. He administered the drug in doses of 0.5 gram (7 1-2 grains) in wafers, two to four times a day, and he found that it always effected a diminution of the flatulency, greater regularity of the intestinal evacuations, and an improvement in the condition of the feces. He gave thirteen cases of anal eczema Xeroform nally; in two cases only constipation remained obstinate. though the flatulence diminished. He therefore had recourse to irrigations, abdominal massage and cascara sagrada. The anal eczema were cured by the internal and external use of Xeroform.

A second group of dermatoses in which an intestinal antiseptic is of importance are the chronic urti-

carias and dermographism.

A certain number of urticaria patients complain spontaneously of constipation, and for them purgatives, administered for a sufficient length of time, are enough. A much larger number, more especially those affected with dermographism, have normal and satisfactory stools. Yet there is not the least doubt that in these cases also are cases of autoinfection from the intestinal canal, as is proven by the results of treatment.

In some of these cases the usual intestinal antiseptics, salicylate of soda, ichthyol, creosote, menthol, give no results; in two such cases Ehrmann employed Xeroform with success, and now he always commences the treatment with it. Of the 32 cases of urticaria and dermographism that he has treated during

the past year 23 were cured, 7 were improved and disappeared before treatment was concluded. Two cases that have suffered from urticaria for two and four years respectively, are still under treatment. This is a result that leaves all the other intestinal disinfectants in the shade.

Finally, Ehrmann comes to the conclusion that Xeroform is one of our best and most reliable antiseptics and skin dressings; that its desiccating properties can be used to great advantage in dermatotherapy, and that in anal eczemas and autotoxic dermatoses it is the best of all the intestinal antiseptics.

NORMAL AND ANTIDIPHTHE-RIA HORSE SERUM.

Szontagh and Wellman have not been able to prove the presence of nucleo-albumen either in normal or in the curative serum, and they maintain that the curative action cannot therefore be due to nucleo-albumen. The authors next examine the relation of albumen and globulin in these serums. The amount of globulin obtained by saturating serum with magnesic sulphate depends on the temperature. The authors do not look upon it as excluded that there should be a difference in the amount of globulin present in the various serums. The percentage of albumen present is rather less in normal serum than it is in antidiphtheritic serum, but no general conclusions can be drawn from it. The specific gravity of the two serums showed no difference. The lowering of the freezing point is less in antidiphtheritic serum. The electric conductivity is also less in antidiphtheritic serum than in normal serum. This may be due to the increased amount albumen and the diminished of amount of chlorides may not be without influence. The authors then give tables setting out these facts. One table shows the results of the examination of the serum from two horses before and after immunization, and they decidedly confirm the views expressed above. In the serum which the authors obtained from Preisz and Paltauf respectively the lowering of the freezing point and the conductivity diminished with the increasing amount of antitoxin present. The question of conductivity is not without its practical aspect, as the strength of the curative serum can at least be approximately calculated in this way.

Deut. med. Woch., July 7, 1898.

TWO CASES OF FIBROMYOMA OF THE LARGE INTESTINE.

Riedinger reports two cases fibromyoma of the large intestine. In addition he refers to the cases reported by Lode Pfannenstiel, Westermark, Senn and Berg. Of his own cases, one occurred in a woman aged 38 years, who had given birth to six children, the last two and onehalf years before. For three weeks she had experienced severe pain in the abdomen resembling labor pains. On examination the abdominal wall was found greatly distended by three tumors. One of these was as large as a fetal head, elastic and hard. Beneath this was a broader tumor, and another of resisting contour. The third tumor was discovered after the distended bladder had been catheterized. A diagnosis was made of penetrating rupture of the uterus and a bony tumor of the pelvis. The woman was, in addition, well advanced in pregnancy. Celiotomy revealed the abdominal cavity distended with fetid gas, and under the abdominal wall lay the buttock of a fetus weighing 3500 grams. The tumors were found attached to the large intestine. The second patient, 24 years old and married, had menstruated regularly since her 18th year, and had given birth to three children, the last ten weeks before. In the eighth month of the last pregnancy a hard swelling was discovered under the diaphragm. Examination made after this labor revealed a tumor twice the size of a man's head, hard and smooth, and mainly in the left half of the abdomen. A diagnosis was made of a solid tumor of the kidney, but celiotomy revealed a fibroid tumor attached to the mesocolon of the splenic flexure and the descending colon.

-The Philadelphia Medical Journal.

OVARIAN CYSTS AND TYPHOID FEVER.

Lovrich exhibited at the recent meeting of the Royal Hungarian Medical Association a suppurating ovarian tumor. The patient was 24 and had borne two children. Four months before the operation she suffered from an attack of typhoid fever. During convalescence pain in the hypogastrium set in, and abdominal swelling was observed. Accordingly Lovrich operated, removing a cyst of the left ovary. It was full of pus; on cultivation typhoid bacilli were obtained. Widal's reaction was, however, absent, which showed, in Lovrich's opinoin, that the suppuration was due to infection from the bacterium coli; that germ reached the ovary through several adherent coils of intestine. The patient made a good recovery.
—Centralbl. f. Gynak., No. 23, 1898.

BRACHIALGIA AND BRACHIAL NEURALGIA.

Oppenheim (Berl. klin. Woch., June 27, 1898) says that the type of neuralgia is best illustrated by trigeminal neuralgia and by sciatica. The cardinal symptom consists in paroxysmal and severe pain in the course of a nerve and its branches, which may lead to motor, vasomotor and secretory disturbances, but is not associated with symptoms due to structural alteration in the nerve. Some refer all neuralgia to a neuritis, but it must be a very special form which lasts for years and decades without producing symptoms due to degeneration of the nerve. Brachial neuralgia is most often seen in women. Exposure to cold, overuse, and especially traumatism, are put down as causes. Pressure due to tumors, aneurysm, callus, etc., are also assigned as causes. Some authors attribute it to vertebral and spinal cord affections, and others to infections and intoxications. Gowers especially mentions gout. Brachial neuralgia is rarely strictly limited to the course of single nerves, but is more ill-defined, and the tender points are not constant. It has to be distinguished from muscular rheumatism, bone and joint disease, and vertebral and spinal cord affections. Some would distinguish sharply between brachial neuralgia and neuritis. Speaking from his own experience, Oppenheim thinks that brachial neuralgia is a rare disease. and that it is frequently only a symptom of an organic or functional disease of the central nervous system or of genuine neuritis. He then analyses 189 cases in which there was severe pain in the arm. In 15 there was a spinal lesion, and in 30 marked neuritis. In six cases the neuritis was of an infective or toxic origin. In 12 cases the nature of the infection was doubtful. In 22 cases the etiology consisted in diabetes, gout, alcohol, etc., but there was no evidence of any organic nervous disease. In 14 cases it was an occupation neuralgia. In the chief group of cases, however, it was not really so much a genuine brachial neuralgia as pain occurring in the course of hysteria, neurasthenia, hypochondriasis, etc., or due to a neuropathic or psychopathic diathesis. The pain was not the only symptom, but there was sleeplessness and mental overstrain. Psychic influences were often the starting point of the disease. The effect of treatment accords with this view. The author concludes that genuine brachial neuralgia is rare, and that it most often consists in pain in the arm of ill-defined character and localization, and that it possesses the peculiarities of a pain of psychic or neurasthenic origin, rather than that of a genuine neuralgia.

-The British Medical Journal.

TREATMENT OF UREMIA.

In a paper entitled "Some Considerations Upon Uremia and Its Treatment," E. W. Mitchell (Cincinnati) agreed with Bouchard that the symptoms of uremia were much like those produced by the poisons that had been extracted from urine; and he thought uremia was often at least due to auto-intoxication from a destruction of tissue, decomposition of foods in the digestive tract, or reabsorption of secretions. The quantity of albumen in the urine was no measure of the danger of the appearance of uremia. In treatment veratrum viride was eulogized. Rest was a

most important factor. Drastic diuretics should not be used. Chloroform destroyed the blood corpuscles if too long used, hence its administration in convulsions should not be prolonged. Morphine might be used once in convulsions in acute cases, but its use in chronic cases or its repeated use in acute cases should be interdicted. Pilocarpin was condemned, as it was likely to drown the patient in his own bronchial secretions. Injections of salt solution might advantageously be used, preceded by venesection if the blood pressure were high.

-British Med. Jour.

PLASTIC SURGERY OF CERVIX UTERI.

H. P. Newman (Chicago) presented a communication on the indications for plastic surgery of the cervix uteri, with a new method of operating. He stated that the operation of trachelorrhaphy had been in vogue 25 years, but of late years it had been replaced by amputation of the cervix and modeling of the cervrix. Emmet now said that with a few exceptions amputation was the better plan. Newman said he had developed a new method of operating. The indications for amputation were malignant-disease, enlargement and hyperplasia of the cervix, conical cervix, incurable laceration, chronic metritis and cervicitis, uterine displacements, congenital elongation and cervical stenosis. Cervical stenosis was the bottom of much pelvic pathology. The technique of the operation was as follows: After the usual preparatory treatment the patient was placed in the Sims or lithotomy position, the cervix drawn down and the uterus curetted. The bullet forceps was then reversed and introduced into the cervix, and traction made from within. The cervix was next transfixed with a knife, and a clean cut made from above downward in the anterior lip. The posterior lip was transfixed and cut in a similar manner, and the plug of intervening tissue removed with curved scissors. If the flaps had been properly made they fell together and covered the portion removed, assuming the appearance of the normal cervix. Sutures were then introduced in four groups, anterior, posterior and lateral. A tampon was introduced and retained for twelve days. The sutures were removed in two weeks. Newman proposed the name of "tracheloplasty" for the operation as a more descriptive name than trachelorrhaphy or amputation of the cervix.

-British Med. Jour.

SOME NEGLECTED SIGNS IN CHEST DISEASES.

Norman Bridge (Los Angeles, Cal.) said that in the absence of the more pronounced signs of pulmonary tuberculosis, slight evidences, such as weak inspiration, prolonged or harsh expiration, and a variation in the signs on the two sides must be looked for. He insisted upon making the patient expire profoundly, as rales were often heard then. Deep inspiration and coughing should also be practised. Cracked-pot resonance was a doubtful sign, but when it was on one side only, and accompanied by rales, it meant a lesion. Breath sounds were very likely to be lessened in the early stages of pulmonary tuberculosis, owing to partial closure of the bronchi from deposit about them. Greater cough during recumbency on the affected side was a valuable sign, dependent upon the sinking down into lower bronchi by the action of simple gravity. The comparison of the two sides posteriorly was advised, as in this way one was better able to discover the signs due to the fibrosis that extended around the tuberculous foci and thus to recognize the disease early. Bridge also insisted that fluid in the pleural cavities was often overlooked in children, as dullness was often absent low down, especial-Iv on the left side, owing to transmitted resonance from the stomach. The intercostal spaces of children did not bulge, though they were firmer and less compressible than those of adults. Vocal resonance might be distinct, and the only signs that were reliable were the fremitus and the position of the heart. -British Medical Journal.

ACUTE MENINGITIS.

Daniel R. Brower (Chicago) laid emphasis on the Skeer sign, which when present would enable a diagnosis of tuberculous meningitis to be made very early. It was dependent on the deposition of tubercles around the pupillary margin of the iris, showing itself first as a distinct wreath of white clouds about a millimetre from the margin. This sign occurred before any change had taken place in the size of the pupillary orifice. After three or four days these minute, cloud-like masses disappeared, and a yellowish-brown circle took their place, becoming more and more attenuated as the pupil dilated. These secondary changes were doubtless due to degeneration of blood vessels and tissues in consequence of tuberculous deposits. Unfortunately the sign was frequently absent, but when present he regarded it as pathognomonic of tuberculous meningitis. He advocated treatment with iodoform by inunction. He preferred a 10 per cent. ointment of iodoform and lanolin applied daily to the shaved scalp. Absorption took place promptly, and iodine might sometimes be discovered in the urine and saliva an hour after this inunction. Of 45 cases treated in this way there were 32 recoveries. H. N. Moyer (Chicago) spoke in indorsement of the efficacy of Brower's treatment.

-British Medical Journal.

HEADACHES.

H. Grandle (Chicago) read a paper on "Diagnostic Characteristics of Headaches, According to Their Origin, with Especial Reference to Headaches Dependent upon Affections of the Special Senses." He said that not only the peripheral lesion, but also the condition of the nervous system must be considered. Certain peripheral conditions would necessarily cause headache in each case, while, on the other hand, inflammatory affections and mere refractive anomalies led to headaches only in some patients. The difference in the symptoms hinged on the condition of the nervous system. The

most important question concerning the site of a headache was whether it was wholly or predominantly onesided. One-sided headache was always due to a lesion on the same side of the head, either intracranial or in one of the organs of special sense. The only exception was that form of migraine which, though one-sided at the time, alternated regularly between right and left, for in this case the source was not one-sided, if it were peripheral at all. Conversely, one-sided lesions might in some instances cause headaches not limited to the same side. From the point of view of their time relations, headaches could be classified as: (1) Paroxysms recurring at (a) irregular or (b) regular intervals; (2) attacks following some specific act, and more or less continuous pain. cases classified under (1) (a) constitute the form called migraine. to (2)—namely, headaches following specific acts-the most characteristic was the pain brought on by the use of the eves for near work. The use of the eyes for near work. more precise the coincidence of headache with evework the more probable was the origin in either hypermetropia, hypermetropic astigmatism or myopic astigmatism-in the order mentioned. Headaches more or less persistent, or with irregular intermissions might result from the same optic anomalies, but only in run-down subjects. Other assisting factors could often be demonstrated, such as gastric or intestinal disease, loss of sleep, and particularly insufficient outdoor exercise. Continuous one-sided headaches, if at all connected with the eye, was usually indicative of some serious inflammatory condition, or, in more serious cases, glaucoma. Intense suppurative inflammation of the sinuses led to persistent and usually severe headache. Nasal stenosis, in distinctly neurotic subjects, might cause persistent headache. Inflammatory conditions of the pharyngeal tonsil were sometimes the source of continnous headache in both children and adults. Gradle had seen two stances of persistent, diffuse, one-sided headache, with irregular exacerbations, which could not be traced to any peripheral source except carious teeth, and which ceased promptly after their extraction.

—British Medical Journal.

TEMPORARY CLOSURE OF CAR-OTID AND SUBCLAVIAN AR-TERIES.

G. W. Crile (Cleveland) related a few of the more important results of an experimental research into the effects of temporary closing of the carotid and subclavian arteries. He had made 106 experiments on dogs. A series of operations was undertaken to determine whether the depression of respiration occurring in operations in the region of the brachial plexus was caused by the disturbance of the nerves or the influence of the chloroform. The results indicated that depression followed only when nerves supplying the muscles of respiration were interfered with. Another series of experiments to determine the cause of the profound shock following blows on the lower chest or the abdomen seemed to show that no amount of injury to the solar plexus affected the heart's action and that this had comparatively little influence on respiration. The same was true of blows on the stomach. Blows over the heart itself produced decided fall in blood pressure, varying somewhat in different dogs, and blows over the naked heart caused still greater disturbance. Experiments with foreign bodies in the esophagus showed that those located in the lower end had comparatively little effect, while those located in the upper end cause marked choking and fall in blood pressure, as a result probably of the stimulation of the fibres of the vagus. In regard to foreign bodies in the trachea and larynx, no irritation of the mucosa below the larynx had any influence of importance, but irritation in the larynx produced a fall in blood pressure and embarrassment of respiration. This would suggest that in the removal of foreign bodies from the larvnx it would be best to stimulate the heart and to produce local anesthesia of the mucosa by the use of a cocaine spray.

—British Medical Journal.

ETHER PNEUMONIA.

J. M. Anders (Philadelphia) said that an analysis of cases occurring in some of the private and public hospitals of Philadelphia showed that ether pneumonia occurred once in about $30\overline{0}$ cases. The irregularity, slightness or moderateness of the pyrexia in many cases accounted for the fact that the condition was aften The micro-organisms overlooked. giving rise to the pneumonia were probably not usually obtained from the mask or inhaler used, but it was likely that dried secretions were loosened by the moisture in consequence of the increased secretion of the mucosa caused by the irritating effects of the ether, and that they were thus drawn into the lungs. In all the cases that had come under his own observation there was bronchitis, coryza, or some other inflammatory condition of the respiratory tract before the administration of the anesthetic. Any such predisposing causes should, if possible, be removed first. Most cases occurred in cold weather, when perhaps the patient was carried from a warm operating room through cold corridors, and in many cases probably too much ether was administered. -British Medical Journal.

FRACTURE OF THE CLAVICLE IN CHILDREN.

A. E. Gallant (New York) read a paper based on 200 cases treated by Savre's method, and demonstrated the method of treatment. In a surgical service including 18,042 childrep aged 10 years and under, there were seen 343 fractures, of which 172 involved the clavicle, especially at the outer portion of its middle third. The shoulder in these cases dropped downward, inward and forward, dragging on the acromial fragment and making an angle at the seat of fracture. The inner fragment had not been found displaced above the outer, as described by Savre and Gray. A. C. Cotton (Chicago) said that the continued use of plaster might be impracticable because of the irritation to which it gave rise. Sometimes he used a stocking drawn over the arm, which

was then firmly bandaged. R. B. Gilbert (Louisville) in a case corrected the deformity by using a moleskin perforated bandage. The adjustment of the plaster should be made under chloroform; only partial anesthesia was necessary. Gallant, in reply, emphasized the difficulty of preventing movement, while movement did not always prevent healing. He cited the case of an infant whose clavicle was broken during delivery, but united before the fracture was recognized. He did not use chloroform, but laughing gas, for short operations.

-British Medical Journal.

TREATMENT OF RETROVER-SION OF UTERUS.

J. Riddle Goffe (New York) read a paper on "Anterior Colpotomy and Shortening of the Round Ligaments Through the Vagina for the Relief of all Cases of Retroversion of the Uterus, Simple or Complicated." Howard Kelly had collected a list of 45 different operations that had been suggested for the relief of uterine posterior displacement. was a proof of the general interest in the subject. The uterus rested in an unstable position, which varied with the position of the patient. When the body was in the upright position the uterus nominally rested on its anterior surface, and was suspended by the utero-vesical and utero-sacral ligaments, while it was steadied in this position by the broad and round ligaments. It must be concluded, therefore, that the uterus was supported by its ligaments, and was subject to the intra-abdominal pressure. In the normal position this pressure fell upon the posterior surface of the organ, and the fundus was driven still further forward and held in its normal anteverted position. The round and broad ligaments might be relaxed and the uterus would remain in the normal position, but once let the utero-sacral ligaments become stretched and the uterus was sooner or later displaced on account of the forward dropping of the cervix and backward tilting of the fundus. The most frequent cause of relaxation of the uterosacral ligaments was subinvolution

after parturition. Next in order of frequency came prolapse of the appendages, and then fibroid tumors of the uterus situated near the insertion of the utero-sacral ligaments. Retrodisplacement was not confined to married women. In single women the trouble lay in the vesico-uterine ligaments, and especially in the manner of their insertion into the uterine tissues. They were inserted normally nearer the fundus than the uterosacral ligaments. In these congenital cases the insertion of the vesicouterine ligaments was too low on the cervix. This condition might be corrected by detaching the uterovesical ligaments and attaching them higher up on the anterior surface of the uterus. Next to these ligaments the most rational structures to be utilized in correcting these displacements were the round ligaments. The most popular operation to-day was the modified Alexander operation. The objections to Alexander's operation were several, including hemorrhage, the making of two scars, difficulty in finding the ligaments, and breaking of these structures. Goffe suggested anterior colporrhaphy in all cases of retrodisplacement, whether simple or complicated. The patient was placed in the lithotomy position and a transverse incision made in front of the cervix. bladder was stripped from the uterus. The anterior vaginal wall was put upon the stretch and divided throughout its extent from the cervix to the internal orifice of the ure-The finger was then passed over the uterus through this incision, hooked over the cornu, the adhesions were broken up and the fundus brought forward into the gina and out as far as the vulva. Complete drainage was thus secured from Douglas' pouch down into the vagina. The appendages might also be brought down and removed or treated conservatively. The round ligaments were then drawn and stitched together and the loop stitched to the anterior surfrace of the uterus near the cervix. The uterus was then returned to its normal position. The bladder was adjusted, the vaginal incision closed by catgut, and a piece of iodoform gauze introduced. He had treated 31 cases in this way, and in all the cases of simple retroversion (six in number) the results were perfect. Some cases were complicated, requiring resection of the tube and ovary. In a number of these the patients had become pregnant, but had not suffered from a return of the displacement. Attempts at loosening the round ligraments from the connective tissue had been followed by profuse bleeding, in one case requiring hysterectomy.

—British Medical Journal.

THE MODERN TREATMENT OF TUBERCULOSIS.

C. Denison (Denver) read a paper entitled "Theory and Conclusions on the Modern Treatment of Tuberculosis." Representing the benefit to patients suffering from tuberculosis as 100 per cent., he said 45 per cent. were affected by climate and changes involving mental influence, exercise and out-of-door life; 30 per cent. were due to good feeding, local supervision and medical treatment; 25 per cent. to inhaling, local medication and antitoxin treatment. So saturating the blood with creosote, for instance, that the bacillus would be stopped in its growth and the patient not be hindered thereby, was, he thought, a mere speculation. doubted whether inhaled substances ever reached the air vesicles and terminal bronchioles where the disease was located. He would like to demonstrate more clearly than had been done heretofore the fact that (1) correct inhaling, or, more properly, exhaling; (2) altitude above sea level; (3) rightly directed gymnastic training, all worked on the same principle of mechanical distension of the air cells.

-British Med. Jour.

THE CURE OF TUBERCULOSIS.

J. Whittaker read a paper on the spontaneous cure of tuberculosis and the imitation of its methods. He stated that two-thirds of humanity at least had tuberculosis, about one-third dying of it, while in the other one-third it became latent or cured. The chief factor in the cure of this third was altitude, which acted by sterilizing, immunizing and invigor-

ating the soil by the action of dryness, cold, sunshine, pure air and increased respiration; but also, and chiefly, by increasing the number of red blood cells, and thereby the oxygenizing power of the blood. He had attempted to imitate the effects of altitude by trying to increase the number of blood corpuscles by the administration of blood. Coagulation could be prevented by obtaining the blood from leech bites, but this was too expensive. Sodium oxalate would prevent coagulation, but was not used from fear of poisoning; therefore, to each quart of blood one-half ounce each of sodium bicarbonate and sugar of milk and one grain of cemmon salt were added. A pint of water containing such a mixture added to a pint of blood being thrown high up into the bowel. Such enemata were retained with ease, and after their repeated use marked increase in weight and gain in nutrition were noticed, especially in anemic cases.

-British Med. Jour.

MILK: ITS ABSORPTION VERSUS ITS DIGESTION.

L. D. Bulkley (New York) showed that milk alone was sufficient to meet the needs of the body. Intravenous injection of fresh milk had been safely practiced, showing that the economy could assimilate it without previous digestion and absorption. Working on this theory, Bulkley had adopted the following plan for the rapid absorption of milk without previous curdling and digestion: A number of hours after a meal—usually three or four—the food disappeared from the stomach, with all gastric juice, and the mucous surface became alkaline. This was the "alkaline tide" of the stomach. If at this time milk, free from fat, fresh and alkaline, and at the temperature of the body, were taken, it would excite no secretion of gastric or pancreatic juice on account of its freedom from all irritant qualities, and it would, therefore, pass at once in an unaltered state into the absorbents and system. This saved nature much work and avoided the disturbances of coagulation. The milk entered the blood current more quickly, and in

no way disturbed the appetite for regular meals, even increasing the latter. Milk could thus be taken by patients who could not take it with their meals.

-British Med. Jour.

PERICHONDRITIS OF THE LAR-YNX.

When the disease is secondary to syphilis, carcinoma or tuberculosis, the diagnosis depends upon a differentiation among these diseases, and is a perichondritis only because it is the cartilage that is involved. The diagnosis between syphilis and carcinoma in doubtful cases is often a most difficult one, as in the case to be reported. As carcinoma is primarily a disease of the soft parts, attacking those in the larynx by preference, the chances of the case being syphilitic are greater when the cartilage is the part involved, especially if a syphil-

itic history can be obtained.

In a slowly progressing case of perichondritis the diagnosis must necessarily rest between syphilis, carcinoma and tuberculosis. The diagnostic signs of the latter are sufficiently clear, so that it ought not to cause much trouble. In the absence of, or even with, a syphilitic history it may be impossible to decide as to carcinoma, or tubercle, for a syphilitic may suffer from carcinoma or tuberculosis as well as any one else. Many of the symptoms are common to both. The destructive process can be as fatal in cases of syphilis as in those of carcinoma. As to the treatment of this form of perichondritis a few words will suffice. Both carcinomatous and syphilitic perichondritis are always grave. Tracheotomy is to be performed whenever the ne-Laryngotomy, or cessity arises. laryngo-tracheotomy, or any serious intralaryngeal or extralaryngeal operation is hardly to be considered, if there is any extensive perichondrial inflammation. If the case is carcinomatous, it necessarily progresses more or less rapidly to a fatal termination; while, if it is syphilitic, antisyphilitic treatment may hold the process in check, the necrosed tissue may be cast off, or encapsulated, and the individual may live for some time, breathing, if

need be, through a tracheotomy tube or a tracheal opening. In all these cases tracheotomy should be

formed as low down as possible.

—By George L. Richards, M. D., of Fall
River, Mass., otologist and laryngologist to the Fall River and Emergency
Hospitals. The Philadelphia Medical

Journal.

THE ARGYLL-ROBERTSON PHE-NOMENON.

Eichhorst draws attention to the fact that this phenomenon, which is usually so constant and lasting, may occasionally be intermittent. has also pointed out that it may vary. In 103 cases of tabes Eichhorst invariably found a permanent loss of the light reflex in all except two women where it was intermittent. (1) A woman, aged 38, with a previous history of syphilis, showed unmistakable signs of tabes in 1893. The unequal pupils reacted to light, but only sluggishly. months later there was a total loss of the light reflex. Two years afterwards no further symptoms had developed, and the pupils now again reacted to light, but very sluggishly. The reaction then disappeared for four months, when it again became present for ten days, after which it disappeared. (2) A woman, aged 38, with evidence of syphilis, had been in the clinic on four different occasions. In 1891 the pupils reacted to light, but were sluggish. A month later the pupils reacted very actively to light, and this persisted for two months. In 1895 the patient was readmitted with a perforating ulcer. The left pupil now did not react to light, whereas the right did so sluggishly. In 1897 the left pupil had regained to some extent its power of reacting to light. In both these patients a movable kidney was noted. The author says that the pupil reflex action to light may vary even after a long duration of the disease, and in spite of the patient being otherwise worse.
—Deut. Med. Woch., June 9, 1898.

THE TEMPERATURE IN CERE-BRAL HEMORRHAGE.

Gilles de la Tourette insists that of all the signs which enable a prognosis or diagnosis to be made when

a comatose patient is seen for the first time, the temperature is by far the most important. (1) In cerebral hemorrhage the temperature fall at once to 97 degrees or even 95 degrees Fahrenheit, but in three or four hours, or earlier, it rises to 100.4 degrees or 102.2 degrees. If it does not rise beyond 102.2 degrees recovery may be expected, whether it keeps up near that point for twentyfour to thirty-six hours, or tends to fall again at once; but if in the first five or six hours after the stroke the temperature approaches 104 degrees and is rising an hour later, a rapidly fatal issue is almost certain. rare exceptions are some old or debilitated people, who may die in a few days in spite of the temperature never reaching 102.2 degrees. This applies to the prognosis of all states of coma of intracranial origin, whether due to cerebral hemorrhage or softening, cerebral tumor, the status epilepticus, or fractures of the skull, but the temperature alone is useless for differentiating these conditions. Besides a high temperature the following are of grave prognosis: Early muscular rigidity, extreme persistent myosis, conjugate deviation of the eyes, and acute gluteal decu-When any of these are present the prognosis is serious even though the temperature has not passed 102.2 degrees. Though such a useful guide to prognosis the temperature is useless for locating the lesion; with a high temperature it may be equally in the hemispheres—cerebellum, medulla or pons. Temperature does not help the prognosis as to the chance of paralysis if recovery is probable; in the absence of conjugate deviation or early rigidity there are at first no guides, but twenty-four hours later a puffing out of one cheek more than another may indicate that that side will be paralyzed. (2) On the other hand in intoxications the temperature usually falls below normal and the prognosis becomes serious the more it falls. This applies to acute alcoholic or opium poisoning, and to uremic and diabetic coma, a temperature of 95 degrees being not uncommon in the latter. (3) In hysterical coma the temperature remains normal. Alex. Bruce (ibid, July 20, 1898) differs from Gilles de la Tourette in considering the chief value of the thermometer to be in localizing hemorrhages. He bases this belief on a statement of Gowers that in hemorrhage into one of the ventricles there is an initial fall, followed or not by a rise of temperature, while in hemorrhage into the pons there is no initial fall of temperature, which rises from the first.

-Sem. Med., June 8, 1898.

UP-TO-DATE DON'TS.

Don't steal another man's good name even if your own is worn out. Don't raise your hand against your husband—broomhandles are plenty.

Don't pattern after the busy little bee. It's the other fellow that eats the honey.

Don't monopolize one color in your make-up. A ruby nose spoils the effect of ruby lips.

Don't bet with your wife unless you are prepared to lose whether you win or not.

Don't look a gift horse in the mouth. Sell him for what you can get and let the other fellow look.

Don't judge a man by the clothes he wears. Form your opinion from the wearing apparel of his wife.

Don't be a clam. If you must be anything of that kind be a turtle. Then you will have a little snap about you.

Don't take a bull by the horns. Take him by the tail and then you can let go without getting someone to help you.

—The Indian Lancet.

THE SEAT OF THE APEX BEAT IN TUBERCULOSIS.

Morano has reinvestigated this subject in the light of Cardile's statement that the apex beat was displaced inward in tuberculosis and early tuberculous disease of the lungs. He examined 150 subjects, divided into three classes: (1) healthy and going about, (2) non-medical cases laid on their back, (3) medical cases confined to bed. In the first two classes the apex beat was in the fourth intercostal space in 67 per cent. and in the fifth in 33 per cent. of the cases. In females the percentage of cases

ia which the apex beat is in the fourth space is rather higher. Age tends to lower the position of the apex beat. In about half the cases the apex beat ascended to the fourth space and a little inwards in changing from the erect to the supine position. In the third class of cases th apex beat in tuberculosis of the lungs was in the fourth and fifth spaces six and seven times respectively. Speaking generally the author states that in disease producing obstruction to the lesser circulation the apex beat is lowered. Owing to mistaking the claviculo-costal space for the first intercostal space the fifth intercostal space of many authors is really the fourth. As far as the author's observations have gone with reference to the inward dis-placement of the apex beat in tubercle they do not confirm those of Cardile.

-Rif. Med., September 3, 1898.

WOUND OF THORACIC DUCT.

H. Cushing reports a successful case of suture of the thoracic duct after accidental wound during an operation for the removal of carcinomatous glands in the posterior triangle of the neck, secondary to a former removal of the left breast for scirrhus. In this case the duct was seen as a thin walled, colorless vessel, lying on the scalenus muscle.

A small longitudinal wound was found, and closed by a fine silk passed by a small French needle so as to slightly invert the edges. The patient recovered without further leakage. The thoracic duct is usually free from operative injury, but when it rises in the neck, as in the above case, it is liable to be injured during deep operations in the neck. The author recommends suture in all cases if possible. If this cannot be done he advises a provisional ligature to be placed in the proximal side of the wound, the leakage to be controlled by gauze tampons, and the patient put on low diet. If leakage continues and threatens starvation. the provisional ligature should be tied, with the hope of final readjustment of the collateral circulation, or trusting in the presence of anomalous anastomotic branch which may suffice to carry the lymph into the venous circulation. The results of division or obstruction of the thoracic duct, as shown by experiments on dogs, are fatal from rupture of the receptaculum chyli, causing death either from visceral compression by extravasated fluid or starvation from loss of chyle. The duct may, however, be gradually compressed by tumors without fatal results, the lymph current becoming reversed and taken up by the right lymphatic

-Annals of Surgery, June, 1898.



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ERYSIPELAS, WITH REPORT OF A CASE OF ERYSIPELAS AMBULANS.*

BY ARTHUR P. PERRY, M. D., BOSTON, MASS.

A comprehensive and clear definition of crysipelas is that of Hyde, given in Pepper's "System of Medicine" as follows:

"Erysipelas is an acute disorder, characterized by the systemic symptoms common to the febrile state, and by an involvement of the integument and deeper parts, the affected surface being tumid, hot, reddened, painful and often the seat of well-defined bullae, the process terminating either in complete resolution after cutaneous desquamation, or in a fatal result, commonly due to complications of the malady."

At the time this was written the bacteriology of erysipelas was unknown, but since then Fehleisen has discovered that its infectiousness is due to a streptococcus, microscopically identical with the streptococcus pyogenes, but which on inoculation gives rise to erysipelas, and which

he has named streptococcus erysipelatis.

These streptococci are found in the capillary lymphatics of the skin, and in the lymph spaces. Near the border of the inflamed area they are the most numerous, diminishing toward the centre, where they are comparatively infrequent.

Erysipelas occurs at all ages and in all conditions of life. It is ordinarily easy of diagnosis, but may at times be difficult to distinguish from erythema, dermatitis and eczema. However, erythema is an hyperaemic affection, with no rise of temperature; dermatitis is an inflammation of the skin which can usually be traced to some local irritant, such as various drugs, dye stuffs, etc. Neither of these diseases have the dull, red, shining appearance seen in erysipelas.

Eczema in one of its many forms may simulate erysipelas, but rarely gives rise to a temperature unless in the very young, while it is much

*Read before the Norfolk District (Mass.) Medical Society, November 29, 1898. slower in development, and there is no progressive advance by a thickened border, nor is the surface as smoothly red as in erysipelas.

In case of doubt, however, the streptococcus erysipelatis found in a culture made from blood serum taken from the affected spot will settle the diagnosis.

In this connection the following case of erysipelas ambulans, or wandering erysipelas, is of interest:

E. M., a female child, was born of healthy parents on February 14, 1898, and was with her mother admitted to the Massachusetts Infant Asylum on March 3.

Mother and child were well at that time. The mother had a sufficient supply of milk, and according to the rules of the asylum was given in addition to her own, a foster baby to care for, nursing the two alternately at the breast and with the bottle.

Her baby was undersized, weighing soon after admission seven pounds five ounces, and a few weeks later seven pounds thirteen ounces.

On April 24, seven weeks after entering the asylum, being 10 weeks old, she was reported to have a swelling under the left ear, with a temporature of 101 degrees.

perature of 101 degrees.

On examination 12 hours later I found the skin about the angle of the left jaw to be oedematous, swollen firm to the touch of a dull red color, with a raised, sharply defined border. This condition extended along the ramus of the jaw to the left corner of the mouth and downward to the root of the neck.

The temperature was then 103 de-

grees.

There was no evidence of pain, even on pressure. No scratch or abrasion of the skin which might account for the infection could be found.

Mother and child were at once removed from the ward to a room in an isolated part of the building and every precaution taken for the safety of the other inmates.

In spite of treatment the disease advanced over the face and scalp, closing both eyes, the lids of which were enormously swollen and ecchymosed, subsiding in the rear as it advanced in front.

The ears and lips also swelled as they were in turn attacked, and the little patient became a pitiable sight.

The process continued down the back of the neck between the shoulders, and thence laterally over the shoulders and arms.

By this time the swelling and discoloration of the head had nearly

disappeared.

On the 30th, six days after its first appearance, the eruption had passed over the body and reached the thighs and legs, ending sharply in a ridge, which showed markedly against the whiteness of the feet.

May 2 the redness began to disappear from the legs, though much infiltration was left, they being quite hard to the feel. May 6 the skin sloughed over the right nates, followed by a similar condition on the left side.

On the 15th abscesses appeared on both elbows and on occiput. The right knee joint also became affected at the same time.

The little patient was by this time greatly emaciated and very feeble. She continued to fail and died on June 2.

TEMPERATURE.

The temperature throughout the case averaged 101 degrees, though it had a considerable range, running as high as 105 degrees and as low as 97.5 degrees, and this rapidly on two occasions in the second week of the disease.

OTHER SYMPTOMS.

At first constipation existed, but later a diarrhea set in, with greenish yellow stools. This continued more or less throughout. When the eruption was at its height there was spinal rigidity, rolling of the eyes and twitching of the limbs, followed by collapse.

The patient was quiet most of the time, seemingly not being in pain.

TREATMENT.

The remedies addressed to the eruption were at fist Liq. plumbi subacetatis dil., applied frequently, and Iodoform collodion painted on the edges; then this

White's R and was Professor carbolic cryst, dr. ss; alcohol, aquae aa, oz. iv, was freely used on the inflamed area, which was kept wet with it, which Ichthyol collodion, 5 per cent., was painted on the tumefied area left behind.

The ichthyol seemed to hasten absorption where it was used, and the skin under it soon assumed its nor-

mal appearance.

None of the other remedies seemed to be of use in checking the advance of the disease, which leaped all obstacles and moved on its victorious

Cool sponge baths were given to reduce the temperature when it exceeded 102 degrees, and brandy in large doses to support the strength.

The intestinal symptoms were met chiefly by lessening the number of feedings, and once or twice high irri-

gations were given.

The child was breast fed throughthe bottle feedings being stopped when it was first taken might and be added it that the mother, who was most insane with grief at the serious illness of her firstborn, would not agree to any but the mildest measures for its relief. Also it should be remembered that at the beginning of the disease the child weighed less than eight pounds.

AUTOPSY.

Subject emaciated almost to a skeleton; skin flabby; swellings over right elbow; occipital protuberance at thyroid gland and left knee. These being opened were found to be abscesses.

Heart was found normal; lower lobes of lungs in a state of hypostatic congestion. Abdominal organs

Dr. Charles J. White, who kindly saw the case with me, took cultures and made the following report:

Dear Dr. Perry:—I send you a report on the case of the baby with wandering erysipelas. The culture from the arm showed the presence of staphylococcus ryogenes citreus while that from the leg produced a beautiful growth of streptococcus pyogenes (or, in this case, the streptococcus erysipelatis). This was from the active process of the leg. As one does not always get a culture from cases of erysipelas we were more fortunate than usual.

Very truly yours,

CHARLES J. WHITE. Dear Dr. Perry:—I send you a report

BUBONIC PLAGUE.

BY LOUIS FISCHER, M. D., NEW YORK, N. Y.

An abstract from the report of the late Dr. Otto Muller, based on the result of the scientific expedition to Bombay for the purpose of study of the plague.

When Dr. Muller arrived in Bombay the average daily mortality was reported to be 100 cases per diem. In reality, however, the mortality was much higher, as a great many were secretly buried at night, especially in those cases which had not been reported to the authorities. This was about the 20th of February, 1898. Up to this time, exact scientific examinations were not known.

The attending physicians in Bombay were so busy with their patients that no time was left for their scieninvestigation. Through the Choksap, of Dr. courtesv physician in charge of the thur Road Hospitals, both clinical and cadaveric material was placed at the disposal of Dr. Muller's commission, and thus the scientific work began. In all about 70 exact clinical histories were utilized, and of these 47 were investigated post-mortem; thus bacteriological and anatomical results were attained. The result of the pathological, bacteriological studies proved the disease to be of a distinctly infectious nature. Although several varieties of the disease were met with the most frequent form found in this investigation was the septicaemic-hemorrhagic form. A peculiar characteristic phenomenon was the formation "bubo" in the axilla, in the cervical region, in the inguinal, which was surrounded by a large amount of edema.

In the various organs hemorrhages were found, and in every case a characteristic tumor of the spleen. The various lymph channels of the body seemed to show a distinct evidence of participation, more frequently acute degenerative changes of some of the most vital internal organs of the body.

A second variety showed distinct emboli in the lungs, liver and kid-

neys.

In a third form a primary bubonic pneumonia without any participation, or very little, of the lymph ducts or glands.

The disease invades the body in the majority of cases through the

skin.

In a second series of cases the infection gains an entrance to the body, without doubt, through the lungs.

In a third variety of cases (minority), the tonsils and the roots of the hair offer points of entrance for the disease.

In not one single case could the gastro-intestinal tract be shown as

the point of entrance.

In a series of cases in which death did not take place in a few days, a softening of the lymph glands of buboes was noticeable, which resulted in a very profuse suppuration.

The clinical picture is the following: A dull, constant headache, with delirium, dizziness, imperfect articulation. Patients able to get out of bed and walk seem to tumble from side to side, as though in an alcoholic stupor. The disease commences without any premonitory symptoms, with a sudden high fever, at times chills, severe headache and dizziness, and in some instances vomiting. The disease seems to be characterized by the development of

a painful and enormous buboes, and extreme cardiac weakness. The buboes, in the beginning very small, are noticeable from the first. In some rare cases they may not show activity until several days after the disease has thoroughly developed. On the ninth day of the disease they either result in suppuration or commence to be absorbed.

Patients presenting glandular enlargements of the cervical and maxillary glands present the worst forms of the disease. Death results from the rapid approaching heart failure. The frequency of the pulse is from 160 to 180, and in many cases reaches as high as 200 per minute. In some instances consciousness was retained to the last minute; other patients were constantly delirious from the beginning.

A peculiarity noticeable in many cases was the desire of patients to

leave the bed and run away.

Subcutaneous hemorrhages were noticeable prior to death, whereas in the beginning the skin was clear and dry. Vomiting and also diarrhea, while present, were not noticeable at stated intervals. The ophthalmoscopic examination was always negative.

THE DIAGNOSIS

is very easy in typical cases. The difficulty in making the diagnosis was presented in those cases in which the buboes were either absent, as in bubonic pneumonias, or in those cases in which the buboes appeared later in the disease.

The positive diagnosis rests on the bacteriological examination of the sputum and the course of the dis-

ease.

THE PERIOD OF INCUBATION

is from four to five days. The pest bacillus is the etiological factor and cause of the disease, and is very easily found. The germs are found in the secretions of the various organs in the spleen, in the glands. The latter show more micro-organisms in this disease than in any other infectious disease known. The bacillican be found in the blood of the living, in the sputum of a case of bubonic pneumonia, and in the pus of the bubo. When we inject animals

with the pest bacilli, similar changes to those found in man can be produced. Rats seem to be very susceptible to cultures of these bacilli.

Therapeutic results with pest serum were not noticed. The disease is disseminated from patient to patient, or from animal to man, or from clothes or dust, infected with the pest bacilli, and poor hygienic conditions. This explains the cause of the disease and proves that the most rational form of treatment consists in the isolation of patients afflicted with the bubonic disease and the best form of disinfection of the excreta. It is impossible to believe that the disease can be carried great distances by means of infected clothing, but it is possible that the disease is transmitted by means of rats, which abound on all ships.

Dr. A. Marmorek, chief of Pasteur Institute in Paris, of Antistreptococcus fame, has been experimenting recently with bubonic serum, the results of which are being carefully

watched.

THE OLD SADDLE BAGS.

BY DR. S. D. TOBEY, Oakland, Ia.

A few scattering rays of light in the Orient of time are already heralding the dawn of the twentieth century. The nineteenth, with its brilliant achievements in all branches of science, but especially in the healing art, will soon be numbered with the ages of the past. To many an erudite young physician the passing century belongs to the dark ages, and the many brilliant meteoric lights of the medical profession, who during the last 50 years helped to remove the remaining traces of superstition from the science of medicine, are sometimes looked upon as the old medical student regarded Galen and Hypocrates, smart men enough for the chances they had, but merely catching a faint glimpse of the light which illumines our day.

It may not be unprofitable for those whose experience in life dates back but to yesterday, and whose sole reliance for scientific knowledge is based upon the promise of the future, to listen a moment to the echoes of the past and see if the doctor of the old time did not fill an important niche in the annals of humanity that is worthy at least of kindly mention.

Among my very few possessions, acquired during a long life as a country physician, I own a small lot of

land, which is stumpy and foul with the rankest of weeds. My tenant this season, having been taught during the past Presidential campaign that wheat would never again be less than a dollar a bushel, put this entire piece of land into that crop. In due time it sprouted and grew, and so also did the weeds, so much so that the stumps, though many, were entirely invisible. And so it happened that when the crop was ready for the harvest, alas! no man could be found courageous enough to put his reaper into the field, and by consequence the whole crop was a total failure. Fifty years ago the farmer would have taken his cradle, or perhaps his sickle, and wouldn't have wanted any better fun than to have harvested every stalk. Meanwhile his boys and girls would have raked and bound and stacked it, and during the winter months he would have threshed it upon the barn floor with a flail; winnowed it on a sheet, and finally sold at a fair profit what he did not take to the mill to be ground into flour for his family's bread.

Slow process and tedious, was it not? Doubtless the new order of things is immeasurably better. But this particular crop was entirely lost for the want of a little knowledge possessed by our grandsires.

I will not complete the parallel. Each of you can do this according

(Read before the Missouri Valley Medical Society, held at Council Bluffs, September 15, 1898.)

to your particular predilection. Suffice it to say I have known a child to die neglected while two doctors were debating over their microscopes as to what particular germ they could find in order to determine the nature of the child's complaint. They remembered the advice of their professor in his address to the graduating class. You know what learned professor I refer to. He said the time was at hand when a doctor would be guilty of a crime if he gave a dose of medicine to a patient before he had seen with his own eyes the characteristic microbe which established the nature of his disease.

These doctors found no microbes at all, and so, to be consistent, they decided that there could be nothing the matter with the child. The babe had a severe attack of bilious colic and, science failing to come to his

relief, he breathed his last.

Had the old-fashioned saddle bags been within reach they would have been of as little use in the hands of these scientific doctors as the sickle would have been in the hands of my tenant. The old time doctor would have intuitively placed his hand upon the simple remedy which this relic of a past age contained, and a future candidate for Congress would perhaps thereby have been spared to his country.

These same old saddle; bags, though now consigned to the rubbish heap, with the sickle, the loom and the spinning wheel, possessed some striking attributes, to which I shall bright refer to

shall briefly refer.

They were independent.

I well remember the pride with which I displayed my first saddle bags. It was in the lumber regions of western Michigan, and the nearest drug store was over thirty miles away. But this was a fortunate circumstance for my patients. When they were through with my services my bill (and perhaps the undertaker's) was all that had to be settled. The saddle bags were our drug store, and they made no extra charge for filling prescriptions.

Two articles we were compelled to purchase, quinine and blue mass. One malarial year the former was rated at \$16 per ounce, and never until long after the

war was it sold for less than \$3 per ounce. But inasmuch as every head of a family sent to Chicago for his bottle of quinine with the same regularity that he observed in ordering his barrel of flour, the price was no great drawback to the doctor after all. Tablets and triturates were unknown. Almost our only tince tures and elixirs were those of our own manufacture. But our pharmacopoeia was an extensive one neverthe less.

With the first balmy days of spring the blood root showed its waxy blossoms, and a pleasant stroll of a few hours some fine morning furnished us a year's supply of sanguinaria. Elecampane grew in abundance along every road side. Mandrake and blackroot were plentiful everywhere, and hence we had our podophyllin and leptandrin ready hand. Lucky the doctor whose nostrils were charmed by the fragrance of neighboring fields of the symplocarpus fetidus, for his asthma specific was to be had for the gathering. Did we require aromatics in those days? How could we improve upon the sweet flag of the swamp, the pennyroyal of the meadow and the wintergreen of the forest?

One convenient, and according to local superstition, accommodating article of our pharmacopoeia was the elder bush, which was omnipresent. Did you want to administer an active purge? Order a strong tea of the inner bark, but don't fail to direct that the bark be scraped downwards. Was a powerful emetic required? Order the same remedy, but have the bark scraped upward. Are there measles or scarlet fever cases among the children? . Elderberry tea in large doses is indicated. For a mucilaginous drink nothing is better than the pith of the stalk left standing for a short time in a glass of cold water.

The saddle bags were reliable.

Where the modern practitioner has hundreds of remedies to draw from, many of them with names of sufficient length and unpronounceableness to scare away the disease or the life of the patient, the old saddle bags contained barely a baker's dozen, but the doctor could administer these with entire confidence as

to the result. Could he not safely predict the action of a big dose of lobelia, or of the regulation dose of calomel and jallup—10 grains of the former to 20 of the latter, repeated in two hours if needed? If he boiled a handful of smut rye and gave freely of it in his case of lingering labor could he not predict with cer-

tainty the result?

But as to a large proportion of the modern tablets and elixirs and parvules, and many of the coal tar derivatives, they either have no effect upon the disease at all, or one that is decidedly injurious, like the many headache powders and tablets in daily use. I therefore entirely endorse the statement of Dr. Musser, in his address before the Section of Medicine at the Denver meeting of the American Medical Association, at least as far as these modern innovations are concerned. He says: "Drugs have no doubt an action in health and disease. Their use may be an advantage, but usually is not necessary. Some say we are robbed of the power of mental expectancy

if drugs are not given."
"Mental expectancy," forsooth. I well remember a case of "mental expectancy" in my own practice less than one year ago. Last spring I was called upon to attend a case of typhoid fever within 16 miles of this city. No unusual symptoms characterized the case. On or about the tenth day there were decided symptoms of tympanitis. I directed an addition to my usual turpentine emulsion treatment a five-grain tablet of salol to be given every four hours. The next day there was a marked improvement in the symptoms, and on the second day I found the abdomen soft and free from tenderness. Of course I was highly gratified at the favorable action of the salol. As I had come some ten miles and it was about noon I had my team put out and stayed to dinner, and I learned more in that short time than some men learn in a lifetime. I found out the real meaning of "mental expectancy."

Learning that my patient's bowels had not moved for 24 hours I introduced the rectal tube and flushed the intestines freely. The result was unexpected, to say the least.

When the water was discharged into the bed pan, hearing a suspicious clicking, I made an examination and found 11 of the 12 salol tablets, entire and as indestructible as a porcelain button. I presume I could have found the twelfth if I had hunted for it. Had I carried out the theory of "mental expectancy" to its fullest extent I might have saved the tablets for future use, as I am satisfied they would have lasted a life time.

The old saddlebags were truthful. They had an atmosphere of veracity about them which generally communicated itself to the doctor who bore them. Now, don't smile as though I were about to make invidious comparisons, but I recently read an editorial in a first-class medical journal, which advised the young practitioner if he found a prominent citizen dead drunk to call it a case of opium poisoning, and to apply energetic measures to save the patient's life. He would thus build up a reputation for skill and at the same time win the everlasting gratitude of said prominent citizen and that of his family. So you see you have good authority for professional lying—especially when it is a matter of dollars and cents.

If you think this any strain on the conscience of the average physician let the incredulous practitioner ask his inner consciousness how many times he ever told his rich old maid patient that she had hysterics. Maybe when young and unsophisticated one of you might have remembered the father of his country, and, metaphorically speaking, using the little hatchet as your emblem, boldly admitted that you could not tell a lie.

If so the smile of superiority upon the countenance of your rival across the way as he made his three hurried trips a day by your office door to attend the dangerous case of neurasthenia, which you through your innocence lost, must have been a great consolation to you while suffering for a principle.

The old saddle bags were reliable. To the doctor of the old school the saddle bags were all sufficient and equal to any emergency. Whether it was lobelia for the croup or smut rye for the tedious labor, whether

the scissors were needed to sever the umbilical cord or the old-fashioned turnkeys to extract an aching tooth, or the thumb lancet to rip open the throbbing felon, or the scab for use in vaccination—everything was handy. So great was the confidence of the average patient in the doctor's skill that the mere opening of the saddle bags was sure to have a favorable influence upon the disease, whatever might be its nature.

I remember in the wilds of Michigan, along in the fifties, there lived a woman who had been a mortal terror to all the doctors in two counties. She was always sick, and she was afflicted in turn by every disease of which she had ever heard or read. Not content with these, she invented a few for her own particular benefit. When my lot was cast in that locality and my saddle bags were new she had improved upon all former conditions and was suffering from all of said diseases at once. For a while I was up a stump, so to speak, until a happy inspiration seized me. called for a stew pan and, opening my saddle bags, I took a pinch from every package they contained and compounded a concoction that must have borne a strong resemblance to the Mithridatum or confection of Demoncrites, as found in the Edinborough dispensitory, edition of 1794. After giving suitable directions as to the dose, I left the house with becoming dignity, and had the satisfaction of knowing that I had performed a wonderful cure. At least I inferred so, for that was the last professional call I was ever asked to make upon that particular patient.

The saddle bags had an air of honesty.

For one thing, they contained no hypodermic syringe. This little instrument, which is to-day an indispensable article in every physician's armamenta, has yet wrought more misery and wretchedness among mankind, or more correctly speaking, womankind, in the hands of unscrupulous, or it may be unthinking, practitioners, than many of you would be willing to admit.

The April number of the Journal of Inebriety says: "Of 1000 cases of morphine habit—650 men and 350 women—the medical profession supplies 40 per cent." If the Journal had said "is responsible for" instead of "supplies" the per cent. would be nearer 100 than 40. Do you, gentlemen, in all your professional experience, recall a case of morphomania where the victim deliberately contracted the habit, without having first been taught by his or her medical attendant that a slight prick of the needle would almost instantly transport them from a state of pain and despondency to a realm of "hyperionic ecstacy?" When this state of transitory bliss passes away and the old feelings return with renewed force how anxiously does the patient await the second call of the physician, without a thought save of the anticipated relief. But the time inevitably arrives when the visits of the favorite medical attendant are as regularly looked for as the stroke of the clock. The unprincipled practitioner has made himself an indispensable attachment to the sick room.

Facilis descenus Averni and the little hypodermic syringe, unknown in the old-fashioned saddle bags, has too often been the first motive power in the downward career of the confiding victim.

To conclude, the saddle bags were looked upon as containing an element of morality which communicated itself to its surroundings. Next to the old minister, the family physician was looked to for advice and was intrusted to warn the youth of the country of the rocks and dangerous pitfalls of life. He would be called to counsel in many cases too delicate for even the venerable divine.

There are articles which are now considered as indispensable as the hypodermic syringe, which the saddle bags did not contain. These are the vaginal speculum and the uterine sound. I do not mean any reflection on the legitimate use of these useful instruments. I refer to a use of them which too often reflects disgracefully upon a profession that of all others ought to represent the highest degree of honor, honesty, integrity and morality.

By no means do I intend to insinuate that modern surgeons as a class are guilty of malpractice, but I do mean to assert that in every town of any size there is always to be found one at least among the fraternity who can be depended upon to assist the unnatural wife in her efforts to avoid the responsibility of maternity or to aid the unfortunate victim of misplaced confidence or perhaps unholy lust in concealing the evidence of her disgrace. The doctor with the old saddle bags would have spurned with righteous indignation a proposition of such an unholy nature. In proof of this we have only to compare the number of children born into the average family 50 years ago with the size of the families of today.

Fifty years ago the average young lady possessed organs of which she was supposed to be entirely ignorant until she became a married woman. If she had a headache or pain in the side, or a dragging sensation in the pelvis, her mother had a private consultation with the man of the saddle bags, and as a result the girl was given some tansy tea and a few days' rest and her complaints were soon forgotten. She did not flounce downtown three times a week to her favorite doctor's office and plant herself in the operating chair with as much self assurance and confidence as though it were merely the chair of the dentist. The digital examination, the introduction of the speculum and the sound and all the modus operandi of the specialist, which is not necessary to mention, are taken as a matter of only ordinary significance and bring not a blush or even a feeling of natural revulsion on the

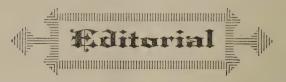
part of the patient.

Thank God! the vast majority of our girls have been blessed with mothers possessed of too much good common sense for this state of affairs to become universal, but there is not a medical man of any experience who does not feel in his heart that such things are getting altogether too common in our land for

the interests of morality.

Finally, the stage coach of our boyhood days, for centuries an indispensable factor in the civilization of the world, is to-day a thing of the past. The exigencies of modern energy, whether wisely or no, have substituted lightning velocity for the safe moderation of our forefathers. We who still are held by invisible cords to the earlier days of the century, whose hours are now numbered, would not raise a finger to impede the progress of the twentieth. So with the saddle bags which have been the theme of this paper. bid them an eternal farewell. Like the aroma of last night's bouquet they are now but a pleasing remembrance. May the lessons of simplicity, dignity, honesty and morality, as taught by them, never be entirely lost upon mankind. May they ever be held in kindly remembrance, even by those who only know them as a relic of the past, as much as was the serpent which moses elevated in the wilderness for the healing of the people. -Medical Herald.





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NON-GONORRHEAL URETHRITIS.

This subject is one of great interest and importance, not only from the view of prophylaxis, but also from a medico-legal and therapeutic.

But can one have any such disease as closely simulates—clap—without sexual infection; from the watercloset perchance, or from a "strain," from mechanical or chemical irritants, from excessive healthy coitus, from rheumatism, gout or the effect of the Spanish fly?

No doubt all will answer most emphatically No! Since Neisser in 1879, at the Breslau Clinic, discovered the gonococcus it has been maintained that a suppurative urethritis may occur without sexual infection.

It has been said that the microscope will promptly remove all doubt in these cases, but on this there is by no means anything like concord of opinion.

The specific germs of gonorrhea is a diplococcus, usually found within the protoplasm of a pus cell. But it is well known that diplococci are found at any time in the normal urethra. Women very commonly have a leucorrheal discharge which contaminates the urethra, and since the time of Father Moses all know that a menstruating woman may provoke a urethritis in the male. But the chaud-de-pisse, the chordee, ves-

ical strangury and the copius greenish discharge of gonorrhea, none of these will ever produce.

With one who has had a latent chronic diarrhea various excesses will rekindle the suppurative inflammation, but the true tableau of gonnorrhea never.

"Non-gonorrheal venereal urethritis" is a creation of Forgue; the "bleuorrhoids" of Diday is the latest hybrid. These are cases of infection from "innocent" women. After prolonged erection or masturbation, one can scarcely admit the possibility of the contagium-ovium in female infants and children of tender years. Even the counter test of Gramm's stain pronounces the bacterial elements as true gonorrheal present with doubt.

The whole subject is a large one, with as yet many mooted points unsettled.

Many times the practitioner is exceedingly perplexed when those doubtful cases come under his charge, but when real clinical picture of gonorrhea is revealed if the probe be only cautionsly and deeply enough employed the mystery will unfold itself, and he will finally be forced back on the old ground, viz., that gonorrheal, or any type of infective urethritis can only occur through immediate contact with genuine infection, and that quite invariably sexual.

NERVE FORCE.

"Thou shalt have need of all the strength that God can give, only to live, my friend; only to live!" And this strength, granted us for an uncertain time, has its origin in nerve force, a mysterious power which controls sensibility, contractibility and the organizing force, and maintains the mechanism of all living beings in regular and harmonious action. For the nervous system is undoubtedly the source of that vital principle which endows every part of us with properties wholly distinct from those of unorganized matter. Nerve force is essential to nutrition, and nutrition is the staff and stay of life. This nerve force is elaborated in the nerve cells. When it is inadequately supplied the resulting vital activity is incompetent to resist disease, and when the supply ceases altogether the body is surrendered to final decomposition. The mind itself, as a result of the bodily organization, is influenced by bodily decay. It is enfeebled by injuries of the brain, and

structural changes impair the mem-Moral sense and judgment are perverted by alterations in the nerve centres, induced by abuse of alcohol. Various mental phenomena, as tinnitus durmin, delirium, stupor, attend typhoid fever, pneumonia and acute arthritis. And the intellectual faculties are more or less inhibited some neuroses, such as chronic forms of chorea, paralysis agitans, and other affections characterized by disordered muscular action. Impairment of the mind denotes weakened nerve force, and the clue to its treatment is to be sought in the adjustment of faulty nerve nourishment. Nerve force is held in reserve in the cells of the different nerve centres, and these cells never discontinue their task of elaborating sufficient force to maintain the activity and integrity of body and mind throughout our existence. Thus the nerve cells largely dominate our health and actually govern our being.

-Louis Lewis, M. D.

HYSTERIA IN CHILDHOOD AS IT OCCURS IN THE UNITED STATES OF AMERICA.

After reviewing the literature on this subject since 1688 Dr. H. B. Sheffield, (N. Y. Med. Journal, Vol. lxviii, Nos. 12 and 13, 1898) maintains that the various diseases supposed to have been produced by witchcraft and sorcery and the numerous religious ceremonies largely in vogue about the beginning of the nineteenth century, were phases of hysteria which passed, however, unnoticed by the medical profession. Indeed, the writer says, adhering, as the physician so firmly did, to the view that hysteria was an affection resulting from a certain mobility of the sterile uterus, the report of a case of hysteria in a young child, especially a boy, has been ridiculed by the medical profession, no matter how typical the case might have Centuries have thus passed offering rich harvests to the enterprising quack, who, taking advantage of the short-sightedness and modesty of the doctors, proclaimed and advertised extraordinary cures

and filled his pockets wonderfully. An end, however, had to come. The same impetus which revolutionized the whole field of medical

the whole field of medica

the death blow to the old-time theories of hysteria. So that hysteria in childhood—only a few decades ago a source of revenue to the quack and charlatan and of degradation to the regular physician who ever attempted to penetrate its mysteries—is today a subject of much controversy, attracting general attention. Theories are being expounded by almost every teacher of medicine, all endeavoring to elucidate the real nature of this obscure disease, all admitting, however, that the solution of this question must be intrusted to the future. After carefully analyzing the views held by different authors the writer arrives at the following conclusions:

1. Hysteria is a neuro-psychosis, manifesting itself in an array of functional disturbances of one or all of the higher centres (intellect, feeling and will), with secondary changes in the lower ones, underlaid by a morbid condition of the nerve substance. Whether this defect lies in the neurone, in the nerve cell, in the nerve fibre, or in all of them; or whether this defect is due to a mere apathy or disturbance of the chemico-molecular composition of the nerve substance are questions as yet awaiting correct solution.

- 2. The etiology of hysteria in childhood is, like that in the adult, very obscure. Anything that lowers the vitality of the patient serves as a predisposing cause. The role played by heredity as an etiological factor of hysteria is over-estimated. Much more weight must be laid upon the acquired causes, among many of which imitation, faulty methods of education and discipline, alcoholism in the young and trauma are deserving of special mention.
- 3. Hysteria attacks boys as well as girls, the ratio being as one to two. It is comparatively rare in children under 8 years of age, al-

though children 18 months old are not exempt from it.

4. The symptomatology of hysteria is characteristic for its changeability and multiplicity. In the United States it is observed, as a rule, in the following order of frequency:

A. Spasmodic affections (convulsions, spasm of the laryngeal muscles, croup, contractures, catalepsy).

B. Sensory symptoms (painful sensations, anesthesia, blindness, contracture of visual field, hemianopsia, deafness).

C. Motor disturbances (paralysis of the extremities, paralysis of the

laryngeal muscles, aphonia).

D. Visceral and vasomotor disturbances (affections of the alimentary canal, dyspnoea, tachypnoea, hyperpyrexia).

5. The treatment consists in removal of the causes, attention to general hygiene, isolation and rest, suggestion and hypnotism. The duration of this disease depends greatly upon the skill in treatment; the prognosis is, at all events, favorable.

WAYSIDE NOTES. BY ERNEST B. SANGREE, M. D.

Human life is very insecure in the United States. Some seven or eight thousand persons are murdered each year—quite a respectable army—and of the murderers only a few hundreds are brought to trial, and only a few score get their deserts. Kentucky Judge, commenting on the subject some time since, said that human life in the South seemed the cheapest of all things. If a man stole ten or twenty dollars he was almost certain to be convicted and punished, but if he killed someone he was almost certain to go free. Continuing, the Judge remarked that personally he felt greatly obliged to every man he met for not stabbing or shooting him. Another illustration of the little value placed on a human life occurred down here some time ago. A man whose daughter had given birth to an illegitimate child publicly threatened to kill the young man whom his daughter charged with being the father unless he "made the thing right." days after the event the father Lought a knife at a hardware store

and half an hour afterward went to the store in which the young man was employed as a clerk, and, according to his own testimony, asked his intended victim what he "proposed to do about the matter," and receiving the reply, "nothing," instantly plunged the knife into the poor fellow's abdomen, inflicting a wound from which he died in two hours. The clerk had a large bundle of cloth on his shoulder at the time and was quite defenseless. As for the conversation, none of the bystanders heard any, and the Court had only the murderer's word for it. What made this crime particularly heinous and the prompt acquittal correspondingly outrageous were the concomitant circumstances. The young woman was four years older than the 20years-old clerk, and, according to reports, some 14 years older in experience. On the witness stand, for instance, she referred to him in-advertantly, probably, as a "boy." mother had died she and her sister were and her father away from them weeks at a time, leaving them without any guardian, to grow up wild. This they accordingly did, and earned a general reputation for being "fast." Everybody seemed to know this but the father, yet the prosecution brought out little or nothing bearing on this point. In fact, it looked very much as if the seduction had been on the other side. But the young woman on the witness stand, with tears, faints and theatricals posed as the personification of injured innocence, and her father as the just avenger. The jury

within a few hours brought in a verdict of "not guilty," but one of the members said they could have brought in a verdict within a few minutes, only they stayed out longer as a matter of form. The confessed deliberate murderer shook hands all around with the members of the jury and walked out of the Court room my laboratory, commenting on the matter, remarked: "A fellow daren't have any fun at all here or he is likely to get his head blown off."

MICAJAH'S UTERINE WAFERS

BY JOSEPH R. CLAUSEN, A. M., M. D.

We believe that every conservative, conscientious physician will agree with us that the day has gone by that the knife is to be considered the sovereign remedy for affections of the female genital tract.

Of late years resort to surgical methods in the treatment of such diseases has become a fad—the worst of all fads for being a medical fad—and many is the life that has been sacrificed to it.

Even when at its height, and the laity—too quick to accept any prevailing fad—were hurrying their patients to the operating table of the gynecological surgeon, the more thoughful of the profession were emphatic in their protests against this indiscriminate operating, but it is only of late that a general reaction has set in and a fair prospect opened up of medical gynecology being restored to its proper position.

We must admit that there are causes, or have been causes responsible for the decline of medical methods in the treatment of gynecological cases, the chief of which has been that the remedies at the disposal of the practitioner have been unreliable, if not absolutely ineffective. In other words, medical treatment has been unsuccessful, not because it was unsuitable, but because it had not been established on a rational scientific basis.

That the modern gynecologist is awakening to the possibilities of judicious medical therapeutics is evidenced by the number of articles that have recently appeared devoted especially to medical gynecology, and they go far to show that medical treatment has a wide range of utility in the management of at least a large proportion of the diseases peculiar to women.

We have noted that in many of the papers where specific cases have been cited to demonstrate the efficiency of a given line of treatment, that mention has been made of Micajah's Medicated Uterine Wafers, and always in the form of indorsement.

Recent experience in our own practice leads us to add our indorsement to the list. After most careful experiment and inquiry we do so unqualifiedly. We have used them in a number of cases and find them all they are claimed to be; and to produce a prompt disinfectant, astringent, alterative and absorbent effect we know of no remedy to equal them,

Two cases in which they have proved effective are specially worthy of mention, as they had long resisted general treatment. Both were cases of Leucorrhea of a most offensive character. So offensive in fact as to exclude the sufferers from all social intercourse. The patients were mother and daughter, the one 40 and the other 21 years of age. In the case of the mother the disorder was of many years standing, giving to the case of the daughter all evidence of an hereditary complaint. In both cases the disease readily yielded to treatment, and in less than three months a complete cure was effected. In other cases, less pronounced, our success with the Wafers was equally gratifying.



THE TREATMENT OF SKIN CAN-CERS.

BY W. S. GOTTHEIL, M. D.,

Professor of Dermatology at the New York School of Clinical Medicine, Dermatologist to the Lebanon Hos-pital, the Northwestern and West Side German Dispensaries, etc. Published by International Journal of Surgery Co., 100 William street, New York

York.

This book is divided into seven chapters, containing: First, a description of what cancer is from a modern standpoint.

The second chapter deals with the

cause of cancer.

The third chapter describes

pathology of cancer.

Chapter IV describes the various forms of cancer of the skin, dealing particularly, first, with carcinoma, cutis; the so-called Schirrus variety of the tumor.

The author states that what formerly was described as melanotic carcinoma are really sarcomas. He next describes carcinoma lenticulare.

This is followed by a description of

the tuberose variety.

Second. He details in the same chapter the superficial or discoid epithelioma, cancroid or rodent ulcer. The author states that this is the most frequent form of skin cancer and also the least troublesome.

Third. Deep or tubercular infil-

trating epithelioma.

Next he describes the papillary epithelioma or malignant papilloma.

Fifth. The chapter finishes with a description of Paget's disease of the nipple.

Chapter V deals with the diag-

nosis of cancer of the skin.

Chapter VI is, we think, the most important and interesting, dealing with the therapeutic management of this disease. The author lays stress on the

First. Sharp curette.

Second. The thermo or galvanocautery.

Third. Electrolysis is next given in detail.

Fourth. The serum treatment.

Fifth. The analine are given proper weight, and the author recommends the following ricipe:

The author next describes the interstitial alcohol injections. The method described by Schwalbe and Haase.

The author condemns the use of nitrate of silver, as also the treatment of acetic and trichloracetic acids.

Chlorid of zinc is next considered, and great value of caustic potash is outlined.

The author lays stress on the value of arsenic, and devotes several pages to its consideration, giving five different descriptions for its applica-

The book ends with a series of clinical histories from Gottheil's Clinic, in which he tries to bring out the diagnosis and the treatment pursued. Although this is a very small book it certainly contains a great deal of valuable diagnostic and therapeutic information.

The illustrations are certainly beautiful, the author being an expert photographer. He has reproduced pictures which give a very true illustration of what cancer looks like.

The author deserves great credit for giving the profession such a valuable contribution on this particularly serious malady, and no doubt the profession at large will be greatly benefited by the author's experience.

New York City, West Fourth corner West Tenth street, November 18, 1898.

To the Editor:—In an instructive monograph, "The Development of the Test Card," Dr. Frederick K. Smith, of Cleveland, O., deems it worth while to have our test type as nearly accurate as possible. This is a very welcome decision. The letters of test charts in use in this city and elsewhere subtend an angle ranging anywhere between 5 and 7 minutes. Imperfect fitting of glasses is frequently due to inaccuracies in the testimony in the "court of final resort," the trial case and test chart. Dr. Smith has eliminated all possible source of error in the type. chart is based upon the 5-minute angle, the minimum required for normal visual acuity, while the diameter of the vertical and horizontal lines and parts of letters subtends an angle of 1 minute, the minimum angle for the normal eye.

Another extremely valuable feature of Dr. Smith's chart is that it is adapted to a distance of 4 metres; hence can be used in a 14-foot room,

an obvious and great advantage over the 20-foot charts all over the mirror and reversed type.

Nothing can be added in the way of precision nor utility in these charts, but it might add to the convenience of a busy oculist if the Snellen indices, or their approximations, were placed at the head of the lines after the decimal readings.

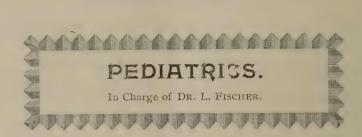
Dr. Smith has placed the profession under obligations in providing a correct chart, and in adapting it to a room of ordinary size. A rich field of usefulness undoubtedly exists for the 4-metre charts.

-Marcus Kenyon.

THE "ANTIKAMNIA" CALENDAR FOR 1899.

We are in receipt of another of the skeleton sketch calendars which have proved so marvelously artistic in the past. The past year has been suggestive of many subjects for these sketches, which make the 1899 calendar of more than usual interest. Every physician in the country will shortly receive one.





THE ADMINISTRATION OF QUININE TO CHILDREN.

1. Quinine pearls, gelatine capsules containing one and one-half grains, are taken readily by children over three years of age, while younger children can be taught to swallow them.

2. Quinine chocolate, each piece containing one and one-half grains, the bitter taste so well covered that infants of nine months take them, and they do not produce gastric disturbance.

3. Suppositories made of cocoa butter, and containing various doses up to seven and one-half grains.

4. A hypodermic solution of one part of hydrochlorate of quinine in four parts of water. With proper precautions the injections are not followed by abscesses, and are found valuable in cases of whooping cough in which quinine could not be tolerated by the mouth.

5. Quinine may be given in enema; the quantity of solution used should

not exceed one ounce.

6. Tannate of quinine, which in powder is almost tasteless, is a fairly satisfactory substitute for other preparations, but the dose given must be double that of the sulphate, and the effect is not produced so rapidly nor so certainly.

—Binz, Deut. Med. Woch.

"R. & S. COMP." MIXTURE FOR DYSPEPSIA.

This well-known mixture, so often used in dispensaries, consists of the following:

Pulv. rheidr. 1 gr. xxxvi
Sodii bicarboz. ss.
Pulv. ipecacgr. vi—viii
Tinct. nucis vomicaedr. ii
Aquæ menth, pip. q. s. adoz. vi
S.—Dessertspoonful before each meal.
-Medical News.

FEVER MIXTURE FOR A CHILD.

The combination here given will act most efficaciously in reducing the temperature of a child in those cases in which no etiologic factor is discoverable.

R-Tr. aconitigtt. v
Potassi bromididr. ss.
Spt. etheris nitrosidr. ij
Mist potassii citratisoz. ij
M. Sig.—Teaspoonful every three
hours.

-Canadian Practitioner.

SARCOMA OF THE KIDNEY IN CHILDREN; A CRITICAL REVIEW OF THE PATHOLOGY, ETC., AS SEEN IN ONE HUNDRED AND FORTY-FIVE CASES.

George Walker, Baltimore (Boston Medical and Surgical Journal, Univ. Med. Magaz., May, '98), in this instructive contribution summarizes and analyzes this large number of cases and makes the following conclusions: Malignant tumors of the kidney in childhood occur most frequently either congenitally or within the first few years of life. That they are all of them probably embryonic in origin is evidenced by the fact that they contain distinctly embryonic tissue. While not being pure sarcoma they resemble it in their most prominent features. They are rapid in growth, and are not attended with any distinctive systemic symptoms in the first half of their course; in the latter part of it they are accompanied by rapid and great constitutional disturbance.

They occur most frequently between 1 and 2 years of age. The left kidney is more often affected than the right. The disease occurs with about equal frequency in males and

females. The average duration of life without operation is about 8.08 months; with operation it is 16.77 months.

Operative treatment to be successful should be instituted early; but even in the late cases an exploration should be made. The immediate operative mortality is 38.25 per cent.; the ultimate one between 74.32 and 94.53 per cent.; 5.47 per cent. are cured, and the period of living is lengthened by 8.08 months by operation.

L. F.

PINWORMS.

Comby believes that the best treatment for these worms is:

L. F.

FORMULA FOR MILK MODIFI-CATION IN THE HOME.

Westcott, Archives of Pediatrics for January, believes that a mixture of cream and whole milk is more reliable than a mixture of cream and under milk, and gives the following formula:

Cream (12 per cent.)7 oz. 2	dr.
Whole milk8 oz. 1	
Lime water2	
Sugar of milk (dry)13/4	OZ.
Water	dr.

This formula gives 40 ounces of a mixture containing 3 per cent. of fat, 6 per cent. of sugar and 1.5 per cent of proteid. The advantage of this formula is that the fat and proteid may be gradually increased or diminished without frequent changing of the whole formula. To do this is simply to alter the amount of milk and cream in the mixture.

L. F.

THE NATURE OF CHOREA.

Moncorvo, at the Academie de Medecine stated that it was so common to find in cases of chorea a family history of neurotic or alcoholic antecedents that there could be no doubt that these had some etiological influence; at the same time chorea was closely related to certain infectious diseases, particularly rheumatism, and one was compelled to regard chorea as the result of the action of the rheumatic infection on the nervous system of a hysterical subject. The drugs which had proved useful in chorea were those which had proved useful in rheumatismnamely, antipyrin, exalgin, asaprol and analgen.

-Revue Neurologique, Aug., 1898.

THE FINER NERVE CHANGES IN INFANTS SUFFERING FROM GASTRO-INTESTINAL DISORDERS.

E. Muller and Manicatide (Deutsche medicinische Wochenschrift, March, and Univ. Med. Mag. for May, 1898, have examined the cells in the central nervous system of seven infants under three months of age who had suffered from gastro-intestinal diseases. In five of the cases there had been more or less high fever, the other two had been afe-brile. In all of the seven cases changes were found in the cells of the brain and of the spinal cord. The changes consisted, in the mildest type, in an irregular distribution of Nissl's bodies. Next in severity was the gradual solution of these, which affected the entire cell body uniformly, or the parts about the nucleus, or the periphery. The solution is accompanied by a diminution in size and haziness of the Nissl bodies. Occasionally they are also enlarged and darker. In advanced cases they disappear entirely and a fine fibre network appears. Finally the cells lose their form, become indistinct, and the processes disappear. The nucleus and the nucleolus are often displaced. The latter is enlarged and the former is darker and uni-formly stained. The presence or absence of fever seems to have no special influence. The changes just described belong to no special type and resemble those which have been found in experimental intoxications and infections. L. F.

CLINICAL SURGERY AND SURGICAL PATHOLOGY

In charge of T. H. MANLEY, M. D., New York

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BENNETT ON THE BANDAGE, ELASTIC STOCKING AND OP-ERATION FOR VARIX OF THE LIMBS.

His Position on Operation no Doubt Correct, But That Bandage Support is Harmful in Ali Cases is Denied.

THE TREATMENT OF VARIX.

He says: "The remarks I have made upon the ordinary palliative treatment of varix are, I fear, rather elementary, but they will not detain you the early stage of the long. complaint, especially if there be a tendency to edema, the results of massage properly applied are beneficial often to a remarkable degree; in its employment some discrimination is requisite. It is to be avoided in cases in which obvious cystic dilatations are present, and when any indications of recent thrombosis are manifest it is therefore, for example, inapplicable during the occurrence of the crampy pains to which I have referred. Moderate exercise in the absence of recent thrombosis is in all cases good; excessive exercise or overstrain is necessarily bad; worst of all is standing for a long time in the same position. In all cases rest in the recumbent position, with the legs raised for an hour or so in the afternoon of each day is advantageous if practicable. Electricity in addition to massage is said by some to effect great results; personally I have seen no permanent good in excess of that obtainable by massage alone come of the combined method.

"There is probably hardly anything which produces so much harm in varix as the routine use of elastic support, whether this takes the form of stockings or of bandages. I believe I am right in saying that 25 per cent. of the cases of varix in which

real trouble arises are due to the use of elastic and other supports which are either unnecessary or ill-fitting. In individuals following ordinary occupations varix which causes no trouble and shows no tendency to crease should be left alone unless for reasons presently to be mentioned operation is indicated. first sight it may appear that an elastic support, if it is not actually necessary, can at all events do no harm. Nothing, however, is farther from the fact than this assumption. That varix is often discovered quite accidentally is a matter of common knowledge, and the discovery, unless ignored altogether by the subject, is generally followed by the wearing of an elastic support of some kind, often with the worst result possible.

"It is not uncommon in my experience to find people who have been the subject of varicose veins in the lower limbs for years which have never given trouble of any kind begin to complain of discomfort and perhaps increase in the condition not long after having taken to the use of elastic stockings recommended casually by some friend. These stockings are frequently obtained after a rough-and-ready measurement from a druggist, co-operative stores or wholesale house, where they are kept in 'stock' sizes; hence they rarely, if ever, fit, and the almost inevitable result of the wearing of an ill-fitting stocking in varix is an increase in the disease or the occurrence of some undesirable complication. It is essential, if an elastic stocking be used, that it should fit perfectly, and it is, so far as I can judge, one of the most difficult of appliances to obtain perfect. In varix confined to the leg the harm done by ill-fitting supports or badly applied bandages is less than in varix affecting the thigh. I have

seen four cases of grave thrombosis in the thigh undoubtedly caused directly by ill-fitting appliances. Therefore I never allow a patient suffering from uncomplicated varix of the thigh to use any support above the knee, not only because serious complications are sometimes so caused, but because all the comfort obtainable in uncomplicated varix of the lower limb can be afforded by a properly arranged support which does not extend beyond the upper limit of the leg. In certain cases of edema of the whole lower limb elastic support throughout may be indicated; in such circumstances thigh piece of the support should invariably be made distinct from that of the leg, the two parts should never be continuous.

"In passing I must here mention that there is a well-marked type of varix met with in a considerable percentage of the cases coming under observation in which the vessels are abnormal only inasmuch as they are large and somewhat tortuous, the valves being natural and the functional properties perfect. This is especially the condition found in the varix of the lower limbs, which is often accidentally discovered, either soon after puberty or at about the age of twenty or twenty-one years. In some of these cases the main artery of the limb is abnormally large. It is, in the absence of symptoms pointing to its desirability, as unreasonable in a case of this sort to use an artificial support as it would be to do so in a normal limb. Varix of the leg arising from deep thrombosis after injury in the matter already indicated requires gentle elastic support from the beginning with intelligent massage as soon as any tendernes has disappeared; by these means a cure in the true sense can often be effected, the use of the elastis support being generally necessary for about 12 months, after which it may be discontinued. The operative treatment of varix has now been freely practiced sufficiently long to enable a proper estimate of its value to be made. It is a treatment with very distinct limitations in its scope and application, more discrimination being required in its successful employment than is, I venture to think, commonly supposed.

"There are few treatments which, speaking generally, are liable to cause more disappointments to the patients than operations upon varicose veins, but with reasonable care these disappointments can be avoided, since, when occurring, they are inevitably due either to exaggeration on the part of the surgeon in the estimate of the benefits obtainable by the treatment, to want of judgment in the selection of cases, to the performance of unsuitable operations, or to the wrongful attribution symptoms to varix which are reality dependent upon some other condition. With regard to the first of these reasons it must at once be admitted that excepting certain cases of isolated cysts and local congenital masses of varix anything like a cure in the sense in which patients usually understand the term is impossible. In general varix the utmost which can be achieved by operation may be summed up in the relief of certain discomforts, a partial diminution in the objective defect or arrest of its progress if it be increasing, the prevention of subsequent inconvenient complications, and the removal in some instances of conditions which may prove dangerous to the integrity of the limb, or possibly to life-prospects assuredly sufficient to justify the operative treatment when properly applied, but not of a kind to justify the use of the word 'cure.'

"In discussing the question of operation with patients two points in particular cannot be too prominently borne in mind, the first being that if the disease has involved the saphena in the thigh the operation will not necessarily enable the use of an elastic support to be entirely dispensed with; the second is that in a case of long-existing varix which has given rise to inconvenience an operation, although it will, if the case is suitable, effect improvement and give great relief, does not necessarily place the patient in the condition of a sound person. If these points be insisted upon much disappointment will be avoided, for there is no doubt that at the present time the tendency of the public is to expect very much more perfect results from surgical operations generally than can in the great majority of instances be effected by them. Operation in uncomplicated varix is to be regarded as a measure for the prevention of certain complications and as a check to the progress of the disease and not in any sense as a cure, excepting in the local conditions which I have indicated."

-The Lancet, Oct. 15, 1898.

Note.—Now, let us contrast the attitude of Schwarz on this topic in a recent note, entitled, "Surgical Treatment of Varices" (Gazette Heb. De Chirurg., 5 Nov., 1898), who says:

"The intervention on more complicated varicose members may be divided into three categories: (1) Ligature with resection of saphena major. 2. Ligature with resection of venous plexus. (3) Ligature etagee, combined with resection of vessels and overlying integument. During the past year I have performed the operation of resection on the third plan in suitable cases. It is now an established fact, that in some intractable ulcers resection of a varix will promptly close it. Where there is a varicose phlebitis I first ligate the saphena interna and then remove the diseased vessels. No operation should be done when there are extensive trophic changes in the ves-T. H. M. sels.

PROPHYLACTIC LIGATION OF THE EXTERNAL CAROTID AR-TERY IN OPERATIONS ON BUCCO-PHARYNGEAL TU-MORS.

BY DR. M. LE R. LAUERS.

The external carotid artery is rarely ligated, although the step may render us great service in operation on the cavities of the face, the mouth, the tongue, on the parotid gland, polyps or tumors involving the osseous structures. In all operations on these parts hemorrhage constitutes the greatest danger. Everyone knows this, though most are under an impression that it is a difficult procedure. The works on surgery tell us this, and more, that the internal has been mistaken and ligated for the external.

Then the author goes on to tell us that the hypoglossal nerve passes directly across the vessel, and that it lies very near the surface, with the tip of the hyoid bone almost touch-

ing the artery.

On six occasions on the living subject the author secured this vessel by ligation, and in all except one hemostatic forceps were not necessary. He makes an incision but seven or eight centimetres long, feel for the outer margin of the thyroid cartilage, and then the pulsation of the artery.

Journal of Rhinologie et Otologie, November, 1898.

Note.—The author has indeed been most fortunate, though he certainly has minimized the difficulties in pathologic conditions. Under normal conditions the vessel is easily enough exposed, but in a thick neck, when the bifurcation is high up, when the tissues are infiltrated, or when a tumor deeply conceals it, its ligation is sometimes quite nigh impossible. Watson Chevue, of London, not long since called attention to this and claimed that by skill and caution with the proper employment of forceps, it was rarely needed. In appropriate cases it no doubt is an excellent expedient. It is well here to sound a warning note against ligation of the common carotid or internal carotid, lest cerebral softening follows as occurred in two of the writer's cases. T. H. M.

TUBERCULOSIS OF THE INTESTINE AND ITS SURGICAL TREATMENT.

BY M. DR. O. MARGARUCCI.

The first full description of intestinal tuberculosis was by Laennec, but surgical intervention for its cure is of recent date.

Bonilly made the first resection for intestinal tuberculosis in 1886. The first communication on the subject was from the pen of Czerny; later by Billroth and Durante.

No doubt some of the cases recounted were cancerous, as the diagnosis is sometimes very difficult; hence Billroth declared that a macroscopic examination counted for little, as only the histo-bacterial was at all definite. This type of tuberculosis is primary and secondary; the former is uncommon. Do the germs enter from the blood vessels, passing through the walls of the bowel? Schoul and Armand have demonstrated that there are great numbers

of tubercle bacilli to be always found in the buccal cavities of those suffering from pulmonary tuberculosis. These bacilli are carried, with the aliment into the intestine, and become engrafted on its mucous walls. According to Strauss and Wurtz the healthy gastric juice is capable of destroying the bacilli of tuberculosis, but that in disease, when its elements are altered, it is quite inert. The acidity of it is much feebler in the infant than the adult. It would seem a settled fact that, having decided that the bacilli of man and animals are identical, contamination must be frequent by way of food. The classic work of Cheaciveau has quite completely established the identity of human and animal tuberculosis. This being admitted, must it be conceded that the flesh and the milk of animals are commonly the vehicle, of tuberculosis?

This is denied by certain eminent authorities, for example, Nocard, Perroncite and Galtier, deny that tuberculosis is ever transmitted in the flesh of animals, unless infected lymph ganglia are consumed, and that there is no proof that the identity of the effects from the inoculation of human tuberculosis to animals, and that from its ingestion is the same. A multitude take an opposite position, claiming to have inoculated animals by ingestion of both the flesh and the blood of other infected animals. No one denies that the disease may be transmitted by milk from tuberculous cows.

The most frequent site of tuberculous invasion is the end of the ileum, the caecum or the lower end of the colon. The seat of primary contact is the serosa first, the mucosum second, and in acute cases, all coats simultaneously.

In some cases on operation, we find such an extensive infiltrate that the aspect of the lesion is one of a true neoplasm. This circumscribed form is that which permits of surgical intervention with best success, while in the diffuse little can be done.

Intestinal tuberculosis is most common in the female, according to Margarucci, and most frequent under middle age. The symptoms point to stenosis, to perforation or adhesions.

Diagnosis in many must be based on the march of the malady; in many cautious differentiation is necessary not to confound it with cancer.

-Gazette Heb., 30 Oct., 1898.

PERINEPHRITIC ABSCESS.

Lomeau divides perinephric suppurative inflammation into three varieties: Fist, the sclerous; second, the fibrolipomatous, and third, into phlegmonous. Roberts gives these pus formations six possible locations. three anterior to renal coats, one in the middle, one above and one be-This sextuplet division is largely schematic, for we may have one or more of these abscesses simultaneously. Laffier's arrangement is much better, viz.: Retro-renal phlegmon, subrenal and suprarenal.

Usually these abscesses are discovered late, or may be confounded with other lesions. They may, if not discovered and drained, burst into the retroperitoneal tissues, into the cavity of the peritoneum, through the diaphragm into the pleura, into

the liver or large intestine.

Lomeau here notes in detail a highly interesting case, which points to a distinct ascending infection.

His patient was a man 52 years old, who had never had gonorrhea. His urinary troubles began five years previously, first with pain on micturition; secondly, frequency and tenesmus; thirdly, with orchitis on one side, and later the other. He now entered hospital and remained there for two months, during which time the bladder was irrigated with boracic acid, and instillations of the nitrate of silver applied. Relief followed and patient returned home, After three months there was a reappearance of his old trouble, with now marked localized renal trouble and profound constitutional disturbances. Evidence of pus accumulation in the left hypochondrium was indubitable.

It, was now evident that he had prostatitis or wasted testis, an infection spreading up the urethra into the bladder, from thence to the ureter, the renal pelvis and tubular structure of the cortex; imprisoned decomposed pus, resorption and septicaemia; all of which rendered the case extremely grave. The patient

was operated on and the peccant fluid evacuated, but toxaemia was profound and death followed 16 days later

Note by the Translator.—It does not appear that a bacteriologic examination was made here, although the history points quite clearly to secondary, ascending, renal tubercu-

losis.

These are always grave cases, because when advanced the urinary sediment sheds little light on their Their advent is insidpathology. ious, and what most alarms the patient and forces him to invoke the aid of major surgery is constitutional disturbance, when often the period is past that radical measures can offer anything. I would further emphasize the importance of taking time by the forelock, as it were, and thoroughly treating the lower organs or passages before infection has advanced up the ureters, something usually impossible until the valves in the bladder have been first weakened or destroyed by inflammatory changes in the vesical mucosum and a back flow up against the kidneys begins.

In this instance it is evident that the starting point of suppuration was in a choked Malpigian tuft, suppuration spreading outward.

Т. Н. М.

-Annals Polyclinique, Bordeaux, September, 1898.

THE VALUE OF THE ANTERIOR INCISION IN OPENING THE HIP JOINT.

The posterior incision is nearly exclusively employed. However, M. Rochat recognizes that the anterior has many special advantages, so strongly urged by Schede, who first devised it. The anterior incision permits one to operate with the patient lying in a natural position.

In such a situation the decubitus is less liable to infect the wound. Finally, there is no division of through firm fascia with an ultimate tendency to weakness of the parts. The disadvantages are defective drainage and imperfect liberty of action in operations on the osseous structures.

M. Vallas entirely endorses this mode of incision, while Ollier would

reserve this incision for special cases, believing that for all routine purposes the posterior cut is to be preferred.

-Lyon Med., 25 Sept., '98.

CONGENITAL ABDOMINAL HER-NIA.

BY DR. DELANGLADE.

Congenital hernia proper is a condition anteceding and presenting at birth. One example we find when the lateral wings of the diaphragm fail to unite, when there is defect in other muscles, the bones or passages.

Of the diaphragmatic we may have anatomically the marginal or central. The former is more frequent through the arcade ligament in

Boehdeleck's 'canal.

Again, the point of escape is through the central fissure. It may involve the aponeurosis only, or the muscular elements. Ordinarily there is no sac, though the pleural and peritoneal investments remain independent. Nearly all the abdominal viscera may pass up into the cavity of the thorax.

It goes without saying that such herria may induce sudden death at birth by pressure on the respiratory

organs.

But when the infant escapes the immediate consequences, yet a peril-

ous state remains.

This condition is such as justifies immediate and radical surgery. Pierre Neuman laparotomized infants for this infirmity, disengaging the obstruction and reducing the intestines, but both infants died the same night. Success, however, has attended the efforts of Postempski, Manara, Ricolfi, Nicoli, Permann. Schwartz and Rochard. Hensock impresses the importance of always adding the radical cure after strangulation is released.

UMBILICAL HERNIA.

Sac formed by embryonic walls. Such is the fundamental character of all embryonic, umbilical hernia. It is included in two layers, separated by a thin bed of Wharton's jelly. This is continuous with the funis. The peritoneal cavity extends out through this envelope. In consequence of the absence of an ample

vascular supply mortification sets in early, the peritoneal cavity is opened and death supervenes. The envelope of this embryonic hernia is thin, transparent and fragile. It may separate before birth, during delivery, or after birth. Very variable are the dimensions of these hernias, but on this our prognosis and treatment depend. We have three types: (1) Embryonic eventration, (2) visceral hernia into the cord, (3) diverticular hernia.

In eventration we have two dominant factors, first, defect in the abdominal walls, and secondly, imperfect fusion of the median elements of

the cord.

These umbilical fissures are sometimes of great length. In Chadwick's cases the ziphoid cartilage was wanting, and there was cardiac ectopia; in Broca's the pubic symphysis was wanting, and there was

extrophy of the bladder.

Hernia into the funis is of variable dimensions, a construction always formed at the opening, giving it a pedunculated appearance. Visceral hernia of the cord is always a very grave condition, though when the volume is small and adhesions are absent, recovery may follow. The redoubtable cases are those in which there is nearly total eventration and the abdominal plates have never closed in over the vitelline membrane.

When the umbilical envelope has ruptured at birth there should be no delay in effecting aseptic reduction and closing in the gap by hermetic suture.

metic suture.

—Gazette Heb. De Nadt Chir., 23 Oct, 1898.

BILIARY CALCULI REMOVED BY THE DUODENAL ROUTE.

McBurney reports a case of successful removal of a large biliary calculus from the common duct by the duodenal route. This operation, which he has performed on six different occasions, with five recoveries and one fatal result, the author

regards as a legitimate one in gallbladder surgery. When a gall stone lies in the common duct at any point in the upper two-thirds of this passage, the approach to it through the wall of the duct is not difficult. In most cases, however, the management of the wound in the wall of the common duct is by no means simple. The healing of such a wound, if left open, cannot be completed without long-continued drainage, with its accompanying dangers, and very frequently effectual suturing is exceedingly difficult, especially when the wall of the duct has become much attenuated through distension. When a stone is situated at the extreme lower end of the passage, and when it cannot be dislodged to a place higher up in the duct, its removal without opening the intestine is both difficult and dangerous. Under such circumstances it seems to the author that the removal of the stone through an incision made in the duodenum is clearly indicated. It is much easier, he holds, on account of proximity, to suture the anterior wall of the duodenum than to suture the incised wall of the common duct. and properly sutured intestinal wound heals, as a rule, with rapidity and perfection. The author's experience would lead him to prefer the duodenal route for the removal of the calculus situated at almost any point from the termination the cystic duct to the point entrance of the common duct into the small intestine. The orifice of the duct he has found very easily dilatable, and it may be freely incised, he states, for at least half an inch with perfect safety. This method has also the advantage that, by the introduction of a probe, the bile ducts can be examined for a long distance upwards towards the liver. Moreover, the orifice of the duct having been considerably dilated, there is far less risk that overlooked fragments of gall stone, granular material or thick bile will be retained and give rise to further mischief.

-Annals of Surgery, October, '98.





AN INGENIOUS MEANS OF CONTROLLING UTERINE HEMORRHAGE.

Copious hemorrhage after labor is one of the most serious accidents the practitioner encounters, and always calls for prompt and energetic action. Among the means usually employed tamponage takes the first place. But it necessitates preparation and must be applied with skill and energy to avail anything.

Dr. Arendt, in order to ensure immediate arrest of bleeding in postpartum cases, has advised a measure which we have found of the greatest value, immediately and permanently arresting the dreaded hemor-

rhage.

It consists in securing a strong serrated forceps, seizing the neck of the uterus and drawing it firmly into the vagina. Traction must be maintained until all bleeding has completely ceased.

-Gazette Gynaecologic, 15 Oct., '98.

CHRONIC GASTRIC CATARRH OF TEN YEARS' STANDING.

George Reynolds, Stamford; American; aged 56. October 8 came to me, presenting the following symptoms: Loss of appetite, disagreeable feeling of gnawing and at times fullness in the stomach, tenderness at the epigastrium, but slightly influenced by eating; prominence of the epigastrium; morning vomiting, consisting of glairy mucus raised after great retching; constant thirst, water and at times stimulants being craved; often great burning at the pit stomach; bowels constipated; urine high colored; a feeling of mental depression; sleeplessness, with occasional attacks of vertigo; follicular pharyngitis of an aggravated type; much loss of flesh; muscles relaxed and the skin dry. The patient had suffered with this condition for ten years, and in spite of all treatments employed, had been growing steadily worse.

I put him on the following course of treatment, after thoroughly regulating the bowels and secretions: A teaspoonful of boyining in milk every hour; to allay the thirst he was given a teaspoonful of bovinine in half a glass of ice water, as necessary. At the end of the third day the quantity of bovinine was increased to a tablespoonful every two hours. This was continued up to the 19th, when the bovinine was again increased to a wineglassful every three hours; at this time the morning vemiting had ceased, the pain in the abdomen had disappeared, and he had gained three and a half pounds in weight; treatment continued. October 29 patient's condition splendid; feels hungry, but is still satisfied with the bovinine and milk; treatment continued. November 8, patient said he was well, all symptoms had disappeared and he was now allowed a light general diet; from the beginning of the blood treatment up to the present time having taken absolutely nothing but the boyinine and milk. November 12, patient discharged cured; had gained 12 3-4 pounds in flesh and was feeling splendidly.

DISPENSARY CASES (T. J. B.)

A CASE OF SCARLET FEVER UN-DER BLOOD TREATMENT.

Marie R-, Stamford; American; aged 12; first seen October 2, 1898. When first called I found the child had just had a chill, was vomiting and complained of pain in her throat. Throat much inflamed, tongue coated and covered with "strawberry" papillae; pulse 120, temperature 104.4 before I left. Although there was no epidemic I felt sure that this was the beginning of a case of scarlet fever, and so told the parents. Ordered bovinine sprayed into throat at intervals, and internally two grains quinine and six drops tincture of iron, every three hours. Next day a bright scarlet rash covered

neck and chest, and before night extended all over her body; tongue still furred and covered with papillae; headache and great restlessness: complicating diarrhea and persistent vomiting, could keep nothing down and the sight of food brought vomiting on. Medication thenceforward was symptomatic, only bovinine being continuous, half a teaspoonful in iced port wine every two hours. After the third dose of bovinine the vomiting and nausca ceased, and the headache and restlessness subsided, but the thought of solid food still upset the patient's stomach. She was therefore allowed no nourishment but bovinine in milk or port wine. On the fifth day the patient did nicely and the fever declined by lysis. On the sixth day the eruption disappeared; on the eighth day desquamation began; on the tenth day was completed, and the patient convalesced rapidly. Examination revealed no complications. November 1 the child was discharged as patient and the next day at breakfast ate her first meal of solid food, having lived entirely on bovinine through her attack, and was in a perfectly nourished condition.

UROTROPINE IN THE TREAT-MENT OF CYSTITIS.

BY T. GORDON KELLY, M. A.,

Trinity College (Dublin), Desford, Leicester

I do not pretend in this short article to review the effects of the various urinary antiseptics, but simply to record my experience of the antiseptic treatment of cystitis, especially in regard to the exhibition of the drug Urotropine or hexamethylentetrainin lately introduced to the notice of the profession by Professor Nicolaier, of Gottingen.

It has now been decisively proved that the cause of cystitis is an invasion of the bladder by pathogenic micro-organisms, of which numerous varieties have been discovered in pathological urine. Normal urine is perfectly aseptic, but as Professor Elliott, of Chicago, says, "the large amount of organic matter which the urine contains renders it an excellent medium for development, should infection take place, in which event

the bladder becomes converted into a veritable incubator for the progagation of bacteria."

In the treatment of cystitis, therefore, the first and main indication must be to render the urine antiseptic, which object accomplished, we are a long way on the road to our goal—the cure of the disease.

The principal drugs used for this purpose, I may say, are salol, ammonium, benzoate, boric acid, guaiacol, resercin, benzo-naphthol, sodium salicylate, creosote, etc. These drugs I have all found useful in rendering the urine antiseptic, and they have been extensively employed in the treatment of cystitis, but none of them in my experience could be called a perfectly reliable and satisfactory urinary antiseptic. One drug only in my hands answered this description, and this was Urotropine.

Urotropine is a non-toxic and nonirritating derivative of formic aldehyde. It is formed by the action of four molecules of ammonia on six molecules of Formaldehyde, and was first introduced to the profession by Professor Nicolaier in 1895, who asserted that it possessed the power of dissolving uric acid concretions and also that taken per ora it prevented the development of bacteria in the urine. I have not had an opportunity of thoroughly testing its power of dissolving calculi, so cannot personally say whether it possesses this property, but in cases of cystitis and phosphaturia its action has, in my hands, been almost specific, and I have been satisfied beyond all expectations with the result. Urotropine appears in the urine as early as 15 minutes after its administration, and its presence can be recognized 12 hours later after a dose of seven and one-half grains. It is soluble in 1.2 parts of water at 68 degrees Fahr., and the reaction of its solution is faintly alkaline.

In some cases Urotropine is said to cause a slightly burning sensation in the bladder if large doses are taken, but no patient to whom I gave the drug ever complained of this to me. I will now give a few clinical illustrations of the action of this drug, in one of which I must say it was most brilliantly successful after every other drug of this nature had

failed, and one which many eminent men had regarded as beyond medical treatment.

Case 1.—A working man, 40 years of age. This man had suffered for a couple of months from gonorrheal There was considerable cystitis. irritability of the bladder and tenderness on pressure. The urine was acid, and contained pus and a large amount of mucus. Urotropine was given in seven and one-half grain doses in half a pint of aerated water three times a day. On the fourth day the urine cleared, and the pain was much better, and on the ninth day all discomfort disappeared. continued the Urotropine for three weeks in smaller doses, i. e., seven and one-half grains twice a day, at the expiration of which time the cure was complete.

Case 2.—A case of cystitis, following catheterization, in a man 68 years of age. The urine was very acid, and contained pus and mucus in abundance. There was very great irritability of the bladder, and most extreme pain following urination, and lasting some time. I prescribed small doses of citrate of potash every four hours, in addition to seven and one-half grains of Urotropine in half a pint of carbonated water three times a day. In two days the urine was clearer and the irritability less; in eight days the urine was clear, the pus had disappeared and the patient

said he was free from pain.

Case 3.—A gentleman 35 years of The patient was suffering from chronic cystitis, of 15 years' standing, complicated with attacks of profuse hematuria. For the past vears the attacks of hematuria had occurred at intervals of from three to six months, lasting some two or three days. This patient had previously been treated by various medical men, including many specialists in urinary diseases, and he informed me that he believed "he had taken every drug in the pharmacopoeia." At its first onset the hematuria had led to a suspicion of malignant disease, and later on to a suspicion of villous growths in the bladder, both of which ideas had been abandoned, and there now was little doubt that the cause of the hemorrhage was a congestive cystitis, set up by the

great excess of mucus in the urine, which contained pus and was alkaline. This seemed to me a case in which the astringent properties of Urotropine on the vesical mucous. membrane, and also its antiseptic effect on the urine, could be put to a severe test. I am, however, glad toreport that in every way it was a complete success. I gave large doses of Urotropine (20 grains twice a day). as this was such a chronic case. In passing through the system a portion of the Urotropine is decomposed and becomes formaldehyde, whilst other portion appears unchanged in the urine, as has been shown by Dr. Casper, of Berlin. It seems to me, therefore, advisable to give as large doses as possible in bad cases. six days' time the urine became clearer, but still remained alkaline in reaction. I therefore, as in some cases. the Formaldehyde is better liberated in acid urines, gave small doses of acid dil. sulphuric oil three times a day, in addition to the Urotropine. In three days' time, i. e., nine days from the commencement of treatment, the urine became clear and slightly acid, and on the fourteenth free from pus. I may say that this was the first time the urine had been clear for 15 years. I now diminished the dose, giving 15 grains twice a day, which amount was taken for a month, at the end of which time I further reduced the quantity to seven and one-half grains twice a day, which dosage has been taken up The patient's to quite recently. urine has remained from the commencement of treatment up to the present date (5 months) perfectly clear and free from pus, and there consequently has been no return of the hematuria.

The points I wish to emphasize in this case are the extremely chronic character of the case, the failure of all other drugs, both astringent and antiseptic, to benefit the case in the slightest degree, the rapid beneficial effect of the Urotropine, and the fact that for nearly five months the patient took the drug without the least unpleasant effect.

In prescribing Urotropine my experience teaches that firstly the reaction of the urine should be discovered, and very acid a little citrate

or acetate of potash, or if very alkaline a little dilute mineral acid should be given in addition to the drug.

In conclusion I may say that, in my opinion, we have in Urotropine the most thoroughly reliable urinary antiseptic and astringent, and the one nearest approaching to specific for cystitis and allied affections.

-The Therapist.

INJECTIONS OF ANTITETANUS SERUM INTO THE NERVE CENTRES IN TRAUMATIC TE-TANUS.

Bilhaut was called to see a girl aged 11 years, who had been suffering for three days from symptoms of tetanus. There was trismus and opisthotonos. No point of entrance for the pathogenic bacillus could at first be found, but ultimately a very small wound was discovered on the left foot, caused by the falling of a weight on the foot, and consequent breaking of the skin by one of the toe nails. Chloral had been given in large doses, and on the fourth day an injection of antitetanus serum had been made; 500 g. of artificial serum (phosphate and chloride soda) were also injected, and this treatment was continued for three days. Then, as the state of the child was alarming, Bilhaut did a double craniectomy, made a small incision into the dura mater, and slowly injected into the cerebrum 2 c. cm. of antitoxic serum. The injection lasted five minutes, and the whole operative procedure 15 minutes, including the suture of the skin. The same was done on the opposite side of the head (the left). During the night previous there were several attacks of suffocation, and artificial respiration had to be resorted to, but after the intracerebral injection all the grave symptoms disappeared, and the state of the child seemed satisfactory. At 6 o'clock in the evening, however, the pulse became very rapid, syncope supervened, and the patient died at 8 o'clock. Bilhaut was led to try this treatment by the report of a case successfully dealt with thus, reported by Quenu.

-Ann. de Chir. et d'Orthopedie, Aug., 1898.

THE ELECTRICAL TREATMENT OF NEURASTHENIA IN HYS-TERICAL SUBJECTS.

Apostoli and Planet contribute a third memoir on this subject. They have already shown, in previous articles in the same journal, that contrary to current opinion franklinisation can be very advantageously employed combating the various symptoms of hysteria. They first of all call attention to the fact that the fortunate results obtained cannot always be ascribed to suggestion; first, because the improvement is not restricted to the most obvious symptoms and those which make most impression on the patient and his friends and lead to the physician being called in. The good influence is exerted rather on symptoms which have almost escaped the notice of the patient, and which have been at once revealed by medical examination. Apostoli and Planet show in this paper that in certain cases franklinisation is very badly borne by the patient, and that the subjective symptoms to which it gives rise would tempt the physician to abandon it. It is necessary, however, to take care to guard oneself against this, for toleration is not long in being established or improvement in manifesting itself. In support of this opinion the authors quote two cases, in both of which the patients showed a very marked intolerance at One of them, however, began to stand the treatment well at the end of the eighth sitting, the other at that of the twelfth. Both were eventually cured.

-Annales d'Electrobiol., Sept. 15, '98.

THE ACTION OF DIPHTHERIA AND STREPTOCOCCUS TOX-INS ON THE NERVOUS SYS-TEM.

Mouravieff reports the result of a further series of experiments upon guinea pigs. In acute diphtherial affections the most marked alterations are found in the cells of the anterior cornua of the spinal cord, comprising chromatolysis, which is mainly peripheral, formation of vacuoles in the cell body and its processes, and even loss of the nucleus. With streptococcus cultures the injection was made every five or seven days during four to seven weeks; the only objective effect was occasional wasting. The animals were killed by chloroform and the nervous system examined by Marchi's process and the author's formol-methylene blue method. The modifications undergone by the cells of the anterior cornua were insignificant, but characteristic phenomena were discovered in the white matter. The lesions were scattered throughout the whole of this, but particularly affected the posterior roots in the dorsal and lumbar regions. The posterior roots were also degenerated, showing that the morbid process had particularly selected the central prolongations of the cells of the posterior ganglia. The medullary sheath either took an intense blue stain in one part over a pale blue ground or showed globules of myelin; these changes were only satisfactorily demonstrated by the author's method. It is thus seen that diphtheria toxins specially attack, while streptococcus toxins spare the cells of the anterior cornua of the cord. On the other hand, the former only affects the white matter in exceptional cases, while the latter never fails to do so. As the result of the injection of diphtheria toxin there fellows in time peripheral neuritis; this is not produced by the streptococcus toxin, which leads instead to degeneration of the central prolongations of the cells of the posterior ganglia. Furthermore, while the diphtheria toxin acts on the nerve fibres principally through the intermediation of the changes which it produces in the cells, that produced by the streptococcus attacks the fibres mainly directly. The final set of experiments consisted in the injection of a mixture of the two toxins; the effect of this was to produce within 24 hours both results above mentioned, the grey and white matter being simultaneously affect-The action of the combined ed. toxins was often greater in the individual elements than when either was used alone, complete vacuolisation and chromatolysis being sometimes seen. The article concludes with a complete and illustrated description of the changes in the nervefibres, as demonstrated by the formol-mythylene-blue method. —Rev. Neurologique, July 15, 1898.

MENTAL DISTURBANCE AFTER OPERATIONS.

Ravneau at the Congres des Medicins Alienistes, discussed the causation of mental disturbance following operations. Many varieties of such disturbance have been recorded —mania, melancholia, dementia, hys-teria, etc.; there is no one type of affection which prevails, no folie post-operatoire. The question of importance is whether these disturbances may occur in any subject, or whether there must be some predisposition, hereditary or acquired. The evidence seems to be in favor of the latter view, and in some of the recorded cases there was undoubtedly some mental flaw before the operation. The exciting cause is very doubtful; moral impression, shock, the anesthetic, the antiseptics, and general ill-health have all been blamed, but perhaps preceding alcoholism and the occurrence of septic infection are the most important factors. Gynecological operations are not more likely to cause mental trouble than other forms of surgical interference, and in any case the complication is rare, mental disturbance having been noted only after 1 or 2 per cent. of all operations.

TREATMENT OF ABORTION BY ABDOMINO-VAGINAL EXPRESSION OF THE UTERUS.

-Journ. de Neurol., August, 1898.

P. Budin records three cases of incomplete abortion treated by digital curettage and abdomino-vaginal expression of the uterus. He forbids the use of the curette under such circumstances, and is of opinion that all forms of abortion forceps are dangerous. In order to remove the retained products of conception with safety the following procedure is recommended. Chloroform is administered, and with all antiseptic precautions the cervical canal is dilated with, first, the index finger and then the middle finger. Occasionally it may be necessary to employ the Hegar dilators. The uterus is fixed

with the hand acting through the abdominal wall. Then with two fingers or one, according to the age of the pregnancy, the interior of the uterus is thoroughly scraped, all portions of the placenta being separated from the walls. To evacuate the uterus it is sometimes sufficient to make traction on the placental fragments with the fingers or with one finger hooked. Usually, however, it is necessary to employ uterine expression. This is done by placing two fingers in the posterior vaginal fornix and pressing them forwards, while with the other hand placed on the hypogastrium pressure is made on the anterior fundus and fundus uteri. In this way the organ is compressed between the two hands, and the contents are forced into the va-The uterine cavity is then washed out, and a mixture of glycerine and creosote applied. Only when there is any hemorrhage and the uterus does not retract properly is it necessary to plug the uterovaginal canal with iodoform gauze. -Progres Med., Sept. 17, 1898.

TREATMENT OF ASCITES BY IN-JECTIONS OF OXYGEN.

The treatment of different forms of peritonitis by exposure to air has formed the subject of considerable investigation. A modification of this method has been studied by Maignot (These de Lyon, 1898), namely, the injection of sterilized oxygen. The writer shows that this method presents considerable advantages over ordinary air, and that it is of use not only in tuberculous forms of peritonitis, but also in the ascites due to cirrhosis of the liver. It has been supposed, for instance, by some that the effects of air injections are due wholly to the oxygen. It is logical, therefore, to assume that pure oxygen would be more efficacious and much more easily controlled than small injections of air. As the result of a considerable amount of experience the writer thinks that from one to two litres of oxygen should be ample for each injection, and that this amount is much more easily

borne by the patient than the larger injections of five or six litres employed by some observers. After such injections the writer finds that the only sequelae are a very slight elevation of temperature (0.3 to 0.4), or a slight abdominal pain, which disappears in about 24 hours. It is well to apply a binder with a pad placed over the site of injection. The writer seems to have obtained some very remarkable results from oxygen injections.

-British Medical Journal.

THE DIETETIC TREATMENT OF DIABETES.

Lepine discusses the dietetic treatment of diabetes mellitus. The advantage of restricting the carbohydrates in the food is pointed out, but attention is drawn to the importance of the quantity as well as the quality of the diet, and observations by Kulz, Minkowski and Naunyn are quoted, showing that too large a quantity of nitrogenous food may increase the sugar excretion. Fats are of great service and may be allowed in large quantities. The substitutes for bread are referred to, but Lepine allows ordinary bread, rigorously limited in amount according to the nature of the case. are often forbidden, but Lepine points out that many fruits contain little carbohydrates—oranges and pricots only 2.5 to 3 per cent., peaches only 2 per cent. Some patients are able to take milk without any increase in the glycosuria; but if the case be one in which milk sugar cannot be assimilated, and yet the use of milk is desirable, then one of the methods of preparing artificial milk described by Ringer and Williamson may be employed. As regards alcoholic beverages the author paints out that it is probable that there are certain wines more injurious than others, not only on account of the sugar which they contain, but from the presence of some substance, the exact nature of which is unknown. All wines are dangerous for most diabetic patients if they are taken in large quantities. -Sem. Med., No. 50, 1898.

A SAFE AND AGREEABLE ANTI-RHEUMATIC AND ANALGE-SIC.

Professor Mosler, of the University of Greifswald (Deutsche Medicinische Wochenschrift, No. 35, 1898) has recently called attention to the fact that by reason of its chemical properties, salophen is much more readily tolerated by patients than salicylic acid and is devoid of the serious after effects connected with the use of the latter remedy. salophen is a combination of salicylic with acetylparamidophenol, which passes unchanged through the stomach, it is entirely free from gastric disturbances. In the alkaline secretions of the intestines it separates so gradually into its constituents that the excretion of salicylic acid in the urine continues from the third to the twentieth hour after the administration of salophen; hence its salicylic acid effect persists for a long time and is never so intense as to occasion any disagreeable action upon the nervous system. All these advantages, which have been emphasized by various authors, are confirmed by the results of Mosler's experience, so that he has adapted salophen as his favorite remedy in certain diseases, having given it in doses of 4.0 to 6.0 gm. for several weeks without the least disturbance. The author also agrees with the observations of Marie, Huot and Drews as to the value of salophen in the treatment of chorea and as an analgesic and antineuralgic. In some cases of neuralgias which had resisted the action of other remedies, especially in cases of pains and swelling of the joints in tabes, hysteria and neurasthenia his results have been very satisfactory.

A NEW DIAGNOSTIC SIGN OF MEASLES.

Dr. Henry Koplik again calls the attention of the medical profession to a new diagnostic sign in this discase, which he first published in 1896. It appears from 22 to 72 hours before the eruption of the skin, and is different from the eruption which appears at the later stage in the mucous membrane of the palate faucies. It consists of minute bluish white spots upon non-confluent

red areolas. These spots are located only on the mucous membrane of the lips and cheeks and can best be seen when full daylight falls through a window sideways upon the buccal mucous membrane.

CARCINOMA OF THE COLON IN A BOY TWELVE YEARS OLD.

Dr. Garrard (Quarterly Med. Jour., Vol. V, p. 234, 1897) relates the following case: J. B., 12 years old, came under his observation on October 27, 1895, with a history of constipation, pain, vomiting, distention of abdomen, etc. Coils of intestine could be seen in peristaltic action; distended bowel could be felt by pressing into the rectum, but no stricture was within reach. His condition was urgent, and an immediate operation was found indicated. Upon opening the abdomen in the median line the disterded colon came at once into view and the sigmoid flexure was obviously the seat of mischief; the colon above was twisted on itself from distention; there was no growth outside the bowel. Untwisting the colon had no effect in removing the stricture; median colotomy was then performed, and, owing to the urgency of the case, after fixing the bowel to the skin, it was punctured with a large trochar and canula, and thus a large quantity of fluid feces evacuated. After trying a ligature around the opening with bad results, an artificial anus was made the next day. The boy made an uneventful recovery. When under an anesthetic the stricture could, however, be felt through the artificial anus, but not by the rec-After remaining about six months in tolerable comfort the boy returned again, complaining of pain in the artificial anus. A hard mass was then found in the skin all around the artificial anus, which was ulcerated with everted edges, the spur much thickened and infiltrated, partly blocking up the opening and causing constipation again. Carcinoma The boy died two was positive. months later. The post-mortem showed that the growth was a colloid columnar-celled carcinoma, arising from the sigmoid flexure, infiltrating the adjoining meso-colon and bladder. -Am. Med. Surg. Bulletin.

FIBRINOUS BRONCHITIS.

Herzog records two cases in which the microscopical examination enabled him to establish the existence of a true fibrinous bronchitis as distinguished from the mucous exudation found in Grandy's case (Epitome, No. 116). Both of Herzog's cases were chronic, and each showed typical casts, the second exhibiting the characteristic lamellar structure extremely well. In both the casts consisted of a fibrinous basis, containing in the first case a small, and the second a large, number of leucocytes, mainly mononuclear. The various fibrin stains colored the fibrillae deeply; they were completely digested by artificial gastric juice at the body temperature, and portions of the exudation were clarified by dilute acetic acid. The author is inclined to lay more stress upon the digestion experiments than on the color tests. He found that the exudation in a case of fibrinous rhinitis behaved just as that in fibrinous bronchitis; investigation of two cases of membranous enteritis gave, however, totally different results, showing the false membrane in this disease to be mucous and not fibrinous.

-Centralbl. f. allgem. Pathol., viii, 24.

IMMUNITY AND SUPERINFEC-TION IN CHRONIC GONOR-RHEA.

Jadassohn concludes that (1) there is no such thing as a diminution of infectivity of a chronic gonorrhea that is, it produces an acute gonorrhea in others, and that there is no immunization of the organism through gonorrhea of an organ, for instance, a chronic urethral discharge may produce acute gonorrheal conjunctivitis in the same individual. (2) After gonorrhea of any mucous membrane there is, as a rule, no immunity for that membrane even for a short time. (3) It is not known how a mucosa gradually becomes accustomed to the presence of gono-cocci in it, though for other individuals or mucous membranes they have lost no virulence. Wertheim showed that a mucous membrane affected with chronic gonorrhea did not react to cultures taken directly from it, though it did to cultures taken from

another patient. (4) In spite of this it is certain clinically that some chronic gonorrheas may become acute through superinfection with their own gonococci. (5) The author does not believe that the mucosa ever becomes so used to the presence of gonococci that they can live as saprophytes on it after its tissue has become quite normal. On the contrary, the inflammation always remains for a time after the gonococci have vanished. (6) The question how a chronic gonorrhea reacts to superinfection with gonococci from another source is unsettled, though of great practical interest. From the author's experiments one finds that a chronic gonorrhea may become acute (a) in some cases through an increase of its own gonococci, and then naturally from the gonocicci of others; (b) sometimes only when reinoculated with gonococci from another source. In other cases, however, it reacts to neither one nor the other, and hence proves an exception to conclusion (1), as there must be some sort of immunity established. -Correspondenz Blatt f. Schweitz. Aertze, May 1, 1898.

POST-TYPHOIDAL SUPPURA-TION CAUSED BY THE TY-PHOID BACILLUS:

Werner relates the case of a woman aged 23, who had a typical attack of typhoid. During convalescence she developed an abscess in Bartolini's gland. A bacteriological examination revealed the fact that the abscess was caused by typhoid bacilli. Pure cultures of the bacillus were obtained. Werner has searched the literature on the subject, and has failed to discover a single case in which an abscess was definitely proved to be caused by the typhoid bacillus. During the first week of the illness the Widal reaction gave negative results; on the eighth day, however, the reaction was positive, with a dilution of 1 in 30. The agglutinative power increased during the progress of the disease, until the serum dilution reached 1 in 70 in the fifth week. When the fever began to subside the agglutinative tendency diminished. In the eighth week of

the illness, and 25 days after the temperature had become normal, a swelling was noticed in the posterior part of the left labium majus; it was the size of a pigeon's egg, very tender, and with a sense of fluctuation. Pus was seen to be escaping from the duct of Bartolini's gland on the left side. The tumor was incised, and 4 c. cm. of blood-stained pus escaped. The growth on an agar culture resembled the usual typhoid cultivations in every respect. Undoubted proof was accorded by experiments on guinea pigs with Pfeiffer's serum. This case is held to prove that the typhoid bacillus is able to cause suppuration by itself, and without the addition of other septic microbes. With regard to the method of infection Werner suggests that the bacillus is either conveyed in the blood stream or else that the close proximity of the anus to Bartolini's gland would be a sufficient explanation of the local infective theory.

-Zeit. f. Hygien. und Infectionskrank., Vol. lxxviii, part 1, 1898.

A CASE OF PSORIASIS. M. A. Wheeler, M. D. Troy, N. Y.

Psoriasis was to me a troublesome affection in my early years of practice, the ordinary text-book giving little assistance in these cases.

I have treated a number of cases with thyroid extract, arsenic and tonics, and applied oxide of zinc ointment, mercurials and all the usual remedies with but little benefit to the patient or satisfaction to myself. The treatment now giving satisfactory results to me and my patients will be best seen in the brief report of the following case:

Daniel C., aged 26 years, laborer, single, came under my observation at Rensselaer County Hospital, Nov. 8, 1897. Family and personal history negative. Patient claimed to have had when 14 years old an eruption on the arms and head, which varied in extent and severity, though never giving him much discomfort, except a slight itchiness and scaling at times. He continued about the same for a period of three years, when the erup-

tion extended to the chest and abdomen, and increased to such an extent that a physician was consulted, and the case diagnosed as psoriasis. At that time skin was scaly, and the itch was almost unendurable. Patient was treated from four to six months, when the scales disappeared red blotches remaining, and the itching at times, to use expression of patient, was "unbearable." He remained in this condition, with intervals of partial relief, the longest of which was two months. On November 8, 1897, he came to the hospital a nervous wreckthe whole body in a deplorable condition, the entire integument thickened, indurated and covered with cracks and scales, nearly two quarts of scales falling from his body in twenty-four We gave thyroid extract, arsenic, tonics and applied soothing applications with but slight relief and no appreciable improvement. Finally, I put patient on phos. sodæ, gr. v before meals and Fowler's sol. gtts v, after meals. As my attention had been directed to Pixine for chronic skin diseases, I directed the nurse to apply it to one arm of the patient three times a day. At my next visit, two days later, the dry, cracked condition of the part was disappearing. Patient said the itching there had ceased, and wished to have the ointment applied over whole body.

For experiment I continued it only on the arm, and in ten days there was so great an improvement that I ordered the ointment applied to the "whole body." The irritation rapidly subsided, the dryness and cracks disappeared, in three weeks scales ceased to form, and in two months from the first application of Pixine (March, 1898) the skin was normal, the first time, the patient claims, in twelve years. At this time (Oct. 10, 1898) there has been no return of any of the symptoms. Have treated one other case, nearly as severe, on the legs, in a man of seventy years, who recovered in six weeks.

This is my first experience with Pixine in skin diseases, and I must say the results were most satisfactory.

-From New York Lancet, Nov., 1898.

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MASSAGE AND ITS THERAPEUTIC VALUE.

BY SALMON P. CAHEN, M. D., NEW YORK, N. Y.

Massage, commonly derived from the Greek, "uasseev," to knead, or, according to Savary, from the Ara-bic "mass," to press softly, may be defined as a system of manipulations upon the nude skin of the passive human body for the scientific treatment of disease. Its successful application not only requires complete mastery of its highly developed technique and a thorough knowledge of its effects upon the healthy and the diseased organism, but also anatomical, physiological and pathological knowledge. It should therefore, with few exceptions, be practiced by physicians only. Gymnastics, the other branch of mechanicotherapy, deals with the body in motion, massage with it at rest. are constantly in touch, constantly supplement each other, and should be used conjointly.

(Since the reading of this paper before the Society for Medical Progress, in November, Dr. Cahen has passed to the life beyond.—Ed.)

The trained human hand is the best instrument for massage. possesses in the finger tips, the fingers, the radial and ulnar edge, the palm, the flat of the hand, the ball of the thum, the base of the hand, the knuckles and the fist an armamentum instrumentorum which no mechanical contrivance, however cunningly devised, can ever attempt The manipulations are now commonly arranged in the four classes-effleurage, frictions, petrissage and tapotement.

Effleurage, or stroking, is always centripetal, that is, toward the heart. According to the extent and configuration of the surface treated, it is done with the base of the hand, the palm or the flat of one or both hands, the ball of the thumb, the palmar surfaces of its end phalanxes, the combined knuckles and the finger tips. Its strength varies from the slightest touch to the strongest pressure, even with one hand on top of the other.

Frictions mean circular rubbings with the thumb or the tips of the

three middle fingers.

Petrissage, or kneading, consists in a series of pinchings or kneadings of muscles and tissues, which can be raised from their base and are grasped between the thumb on one side and the fingers on the other, or between the tips of both thumbs; or operating on larger masses both hands, open or shut, may be used, one upon either side of the encompassed part. Petrissage involves a good deal of exertion, and demands a great amount of practice.

Tapotement, or percussions, consists of a succession of short raps, clappings, hackings or choppings and blows, given by the palm, the ulnar edge, the tips of one or more fingers, their palmar and dorsal surfaces, or by the edge of the fist. I include in this class the so-called punctuation, nerve pressure, nerve friction and nerve vibration, which consist of diminutive frictions or minute oscillations executed from the elbow with great rapidity by the palms or the finger tips, the wrist and finger joints being held rigid and stiff.

The purpose of effleurage, or stroking, is acceleration of local circulation; of frictions, or rubbings, the promotion of resorptions and regressive metamorphosis; of petrissage, or kneading, pinching and squeezing, the same as the last, and mechanical stimulation of the muscles; of tapotement, or striking, the mechanical irritation of nerves as well as

muscles.

This seems all very simple on paper, but is far more complicated in practice. Every manipulation more than one physiological effect, and every effect can be reached by more than one kind of manipulation. They merge one into another by intermediate forms and combinations. For instance, frictions running centripetally in spirals over a large surface are effleurage and frictions combined, and partake of the effects of both. Rubbing with both thumbs over the forehead across the supra-orbital nerves is always performed in a manner akin to tapotement and unites frictions and potement in one movement. It matters little what name is applied to such a manipulation, as long as its distinctive action is understood. An expert masseur never thinks of the sort of manipulation he is using, but of the tissues he treats and the object he wishes to attain

ject he wishes to attain.

Massage is either general or local. The first begins with the lower extremities, proceeding from the periphery to the central parts, then repeats the same treatment with the upper extremity, passes thereupon to the back, the chest and finally to the abdomen. The head is usually let alone. All four groups of manipulations are employed, and it lasts about an hour. General massage can be safely entrusted to a masseur or a masseuse, the directions being given by the physician once for all.

Local massage differs according to the anatomical relations of the parts concerned. The most important forms, presenting special features, are throat massage and abdominal

massage.

The claims of massage as a remedial agent and its therapeutic value depend upon the physiological effects of the different groups of manipulations as outlined above. Scientific investigation and experimentation have proved them to be true. The presentation of such facts and experiments and of the indications of massage for the treatment of diseases founded upon them in a concise and logical form is the object of this paper.

The purpose of effluerage is to accelerate superficial circulation.

Ludwig, the great physiologist, demonstrated with instruments how the lymph current was quickened by stroking. The experiment of Lassar is valuable. By chemical and thermal agencies inflammation was created in the paw of a dog. A large lymphatic vessel was severed and a canula inserted. The lymph oozed out drop by drop as long as the paw was held quiet, but flowed in a stream as soon as it was massaged.

Mosengeil injected a solution of India ink into the knee joints of a rabbit and massaged some of them, leaving the others untouched. The swelling produced by the injections disappeared quickly from the former, but remained a long time in those not massaged. On opening the lat-

ter were found filled with masses of ink, while the massaged joints contained none, but centripetally from these all the tissue spaces, lacunae, lymph sinuses, lymph vessels and lymph glands were black with India ink deposits. These experiments, repeated by Sturm and Sallis, prove that centripetal effleurage by the accebation of the lymph current incites and promotes the resorption of

pathological products.

Wagner, in his theory of "enforced resorption," rightly recognizes in the mere pressure of the hand stroking centripetally a new propelling force of circulation in the superficial veins, and consequently also in the capillaries and arteries. The blood pressure in the massaged veins becomes negative after each stroke, fresh blood from the neighboring channels in the rear is sucked into them, while in front the current is quickened by direct propulsion. As Mosengeil expresses it, effleurage acts at once like a pressure and suction pump.

We understand now the counteracting influence of massage upon incipient inflammation. All inflammations begin with a dilation of the capillaries and small vessels, stasis follows, white blood corpuscles accumulate on the walls of the vessels and migrate by diapedesis into the tissues. Effleurage quickens circu-, lation, relieves stasis and prevents the adhesion of the white corpuscles their subsequent migration. Masseurs delight to exhibit this antiphlogistic power of effleurage in cases of ordinary distorsio pedis. The cardinal symptoms of inflammation, swelling, redness, pain and temperature are speedily diminished. The therapy of sprains has been revolutionized by massage.

In regard to general massage Keller, Gopadse and Weir Mitchell have proved by experiments that the metabolism of the body is augmented and that in consequence the appetite and the power of assimilation in-

crease.

From all these experiments the manifold indications for applying massage, and effleurage in particular, are easily drawn. They are:

All pathological conditions and affections in general which necessitate an accelerated flow within the lymph and blood vessels, general massage in torpidity, anemia and adiposity to augment the assimilation of nitrogen; local massage to remove blood extravasations, effusions, exudations, transudations and stasis and passive hyperemia to heighten nutrition of the tissues by a larger supply of blood and thereby counteract atrophic influences, prevent gangrene or mortification and promote the healing process, as in cases of ulcus cruris and pseudarthrosis after fractures.

The oldest form of massage figuring in the folk medicines and folk cures of almost all nations is that of the muscles by frictions, petris-

sage and effleurage.

Zabludowsky discovered that muscles of a live frog which had been exhausted by rhythmic contractions caused by an induction current would far more quickly regain their lost vigor by massage than by rest. A person experimented upon by him lifted one kilo 840 times by maximal flections in the elbow joint from the table to the shoulder at intervals of one second, when exhaustion set in. After the arm had been massaged for five minutes the person was able to lift the weight in the same manner more than 1100 times without fatigue. Rest alone accomplished far less and at a far longer period. The experiments of Burns, of Kronecker and Stirling make it evident that this restoration of muscular energy depends upon the removal of the so-called fatigue products and the access of fresh blood caused by massage.

Besides this restorative power petrissage and tapotement are able to excite contractions of the muscles. Upon these two physiological effects depends the indication of muscle massage in diseases. They are: Atrophic conditions due to inactivity, to traumatic injuries, to debility following constitutional diseases, to chlorosis, anemia, diabetes, and also in affections caused by nervous disorders, cases of paralysis, chorea, neuroses of occupation, myitis, prolapsus ani, muscular rheumatism and many others. It is particularly effective when combined with gym-

nastics.

Massage destroys excessive gran-

ulations and hyperplagias, loosens or breaks up adhesions, lengthens shortened and shrunken tissues and shortens lax ligaments. It is therefore indicated in syndesmosis of the joints, contractions of muscles, adhesions of tendons, habitual distortions and laxations, etc.

Nerve massage is nerve irritation or stimulation. We all know that sensory nerves react by sensations, motory by motions to external stimulants. It is a law that light pressure increases, strong pressure diminishes or abolishes nerve irritability. The former is therefore indicated in anesthesia and paralysis, the latter in neuralgia and cramp.

The physiological effect of abdominal M. consists in its promotion of the functions of the digestive tract, which is caused by the stimulation of the smooth muscles, fibres of the alimentary canal. These will in course of time, by systematic treatment, grow stronger, and, in conjunction with the voluntary muscles invigorated in a similar manner, produce a more active peristalsis. Not only atony of the intestines, but also of the stomach is affected by the massage treatment. Gofadse found the amount of hydrochloric acid of the stomach increased after abdominate the stomach increased after abdominate tracking tra

inal massage. As a consequence the appetite is markedly improved and the power of assimilation augmented.

I have not touched upon gynecological massage for several reasons, the chief one being that I have never practiced it. It is an art that requires especial training, great experience, a fine sense of touch, a thorough acquaintance with the special pathological conditions and should only be undertaken by a specialist.

The contraindications of massage are numerous.

All pathological processes products injurious to the organism when forced into the general circulation forbid its use. Furthermore, there are physical limits to its application. Organs and localities inaccessible to the hand, complications with injuries and affections of the general integument, insurmountable obstructions to the avenues of resorption, and, finally, affections which cannot be influenced by mechanico-therapy. I will not forget to mention that ordinarily diabetes mellitus, gravidity, menstruation and grave and serious diseases of a general nature, if not absolute, are however relative contraindications.



TRANSACTIONS OF THE SOCIETY FOR MEDICAL PROGRESS—NOVEMBER MEETING.

Dr. Cahen read a paper on massage which appears elsewhere in this

journal.

Dr. H. J. Garrigues opened the discussion. He said that since Metzger successfully treated the scion of a royal house for a coxitis by massage after several famous surgeons had failed to benefit him, massage had attracted widespread attention.

Tht pelvic massage should never be undertaken where there was any suspicion of pus being present, and even in proper cases only by one thoroughly skilled in gynecology.

Special massage should be undertaken by the physician only, and general massage by the masseur.

Dr. Leszinsky said that few physicians were capable of performing

massage.

He cited several instances of mismanagement by masseurs and extolled the use of massage in various nervous affections.

Dr. Illoway said he was surprised at the lack of knowledge of massage in this country, that heart massage and kindred subjects were never mentioned here.

He extolled abdominal massage in constipation and various bowel complaints.

Dr. Cahen closed the discussion. He said that mechanico-therapeutics were put on a firm basis about a century ago by Peter Ling, a Swede. It took a new impulse in the fifties.

At present massage owes its therapeutic application and recognition to the labors especially of the Teutonic races.

Unfortunately in this country, in

spite of many valuable works, it is still in its infancy.

Though some men, Weir Mitchell for instance, call attention to it frequently, still the mass of the profession paid little attention to it.

A great amount of labor will be necessary before massage will receive the recognition that it does in the Teutonic countries.

This state of affairs is not the fault of the masseur, but mainly of the

medical profession.

Certainly it is easier to write a prescription than to perform massage. Dr. Cahen asked how many physicians gave specific direction to their masseur. Hence the mass of the profession was unable to understand massage or teach it to others.

We have to acknowledge that there is a kind of intellectual disdain among many members in our profession, who consider it below their dignity to use a form of treatment that requires mechanical labor.

These men almost regard skill in mechanico-therapeutics as equivalent to ignorance in other branches of medicine.

In this country is an immense field, whose cultivation promises scientific laurels and worldly remuneration.

The young physician, especially, should both study and practice massage. The medical profession should both study and practice massage. The medical profession should adopt it and put it on the same level as other branches of medicine.

It should be a necessary part of the curriculum of medical colleges and therefore become not a specialty,

but the possession of all.

NEW YORK ACADEMY OF MEDICINE, SECTION IN ORTHO-PEDIC SURGERY.

Meeting of November 18, 1898. Dr. W. R. Townsend read a paper entitled "The Prevention of Deformity After Excision of the Knee in

Children."

He reported the histories of eight cases seen within the past two years at the Hospital for the Relief of the Ruptured and Crippled, in which excision had been performed in early life in other hospitals. All of these cases presented some shortening, the greatest amount being nine and onehalf inches, the least one-half inch. They all presented flexion deform-The greatest was held at right angle, the least deformity was 25 degrees, the average being nearly 50 degrees. Two showed bow-leg Two formity and one knock-knee. had motion and six were firm. quoted the views of several orthopedic text books and the "Treatise of Surgery by American Authors" to show that the operation was indicated only in exceptional cases. shortening was greatest when both epiphyses of femur and tibia were removed and in early childhood with extensive disease present it was difficult to remove all diseased tissue without invading the cartilage between the epiphysis and the shaft of the bone. He showed the necessity of long-continued after treatment, either by plaster of Paris or some form of brace if deformity was to be prevented, for many cases of apparent bony union began to present deformity months after the operation, and in some it rapidly increas-The different methods of correcting the deformities were referred to and forcible correction under an anesthetic was advised only in those cases where by very slight pressure the flexion deformity could be overcome. In several cases osteotomy or another excision was advised. Braces and operative procedures were advocated for the bowleg and knock-knee deformities.

He presented two patients who had had excision of the knee in early life to illustrate some points made in the paper. The first patient was

a boy 151-2 years of age, who had an excision performed when he was 3 years old, for a tubercular osteitis of the right knee. He was admitted to the Hospital for the Relief of the Ruptured and Crippled at the age of 6 with slight flexion deformity and two discharging sinuses. treatment was local and constitutional. The flexion deformity was corrected by manual force under an anesthetic. At the age of 10 there were six inches of shortening. present there is nine and one-half inches, six inches in the femur and three and one-half in the lower leg. By tilting his pelvis he walks quite well with a seven and one-half inch patten, despite the bow leg on the right side and the absence of motion at the knee. The bow leg deformity has increased of late years and is now well marked. This and knock knee deformity were both liable to occur unless protection was given to the knee for a considerable time after the operation of excision.

The second patient was a boy of 9, whose left knee was excised in Germany. On admission to the Hospital for the Relief of the Ruptured and Crippled, when he was 8 years of age, there were 65 degrees flexion deformity and slight motion. The flexion was easily reduced by manual force to 20 degrees with less than 10 degrees of motion. right femur was 111-4 inches long, his left 10, his right leg 13 inches, his left 12. The shortening was a trifle over two inches. He illustrated the ordinary form of flexion deformity and also the fact that bony union did not always occur. He was wearing a Thomas knee brace with straps attached to the foot plate, and these fastened to buckles and adhesive plasters applied to the leg below the knee. Continual traction was thus made and the knee was slowly but surely being straightened. was needless to add that for this traction to be efficacious in reducing the deformity it should be continuous and carried to the full limit.

Dr. R. Whitman added foot-drop,

from division of the external popliteal nerve, as a possible disability following excision of the knee. had seen two cases in which the nerve had been divided, either during excision or else during previous treatment of an abscess. One of these patients had four inches of shortening and knock knee, but his most serious disability was caused by the foot-drop which necessitated a special apparatus. The course of this nerve should be borne in mind in all operations about the knee.

Dr. R. H. Sayre said that operative surgeons were too prone think that supervision of a might cease with healing of the wound, whereas they would learn, if they followed their results for several years, that relapses were very frequent in cases that were not protected for long periods of time after operation. This was especially true not only in excision, but also in club foot and various rachitic deformi-In using the Thomas splint with a foot-plate to prevent dropping of the anterior part of the foot he thought that friction and the pressure of the foot would prevent the foot-plate from sliding on the rods and would thus interfere with the straightening of a bent knee or the relieving of an inflamed knee from pressure. He preferred to keep the toe up by pulling down the heel by a strap fastened to the bottom of the splint and buckled to the back of the heel of the shoe.

Dr. Townsend said that the footplate on the Thomas knee brace was intended only for patients who were not walking and when there is no danger of injury being done by jarring. The leather traction strap was

used for walking patients.
Dr. A. B. Judson said that these deformities were simple in kind lateral bending, which caused knock knee or bow leg, and antero-posterior bending, producing flexion or The mechanical hyperextension. treatment was also simple, consisting of the application of pressure and counter pressure in such directions as to oppose the deformity. If the patient was walking much of the force thus applied laterally would be absorbed in helping to sustain weight instead of being used against

the deformity, and the recumbent position or an ischiatic crutch would have to be considered. Patients deformed after excision did not readily submit to tedious mechanical treatment, which, if it had been prescribed at first, might have led in due time to recovery without deformity. Formerly the established treatment for white swelling of the knee was am-Then the high water putation. mark was found in the conservative operation of excision. We now, however, had a more perfect conservatism in mechanical treatment, which avoided the reproach of being mere expectation because it gave to the affected part a new and radically different environment, taking the limb from its laborious position under the weight of the body and giv-

ing it pendency and rest.

Dr. V. P. Gibney said that if the case was desperate enough to mand excision then amputation was the preferable operation. He had been forced to this conclusion many years of hospital out-patient observation. The high, ungainly pattens supplemented by springs the legs to protect the ankles did not compare with an artificial limb, either practically or cosmetically. He would ask the author of the paper whether a patient with extreme shortening following excision would not be beer off in after life if an amputation were done. After a leg was straightened in these cases the patients were sure to return later for treatment. He would amputate and apply an artificial limb, especially when the patient was as old as the 15-year-old boy who had been exhibited.

Dr. Townsend said that if the patient referred to were a man instead of a boy he would advocate amputation. For himself, if he had such a leg and were rich enough to have a new artificial leg every three or four years, he would much prefer to have the leg amputated than to wear such a heavy apparatus.

Dr. Sayre said that if the amputation should be thought best on account of the great shortening of the leg after excision, it would be best to amputate above the knee and so gain the advantage of a movable knee joint. But it would often be

wiser to fasten an artificial limb to the patient's foot when in a position of marked equinus than to do a Syme's or Pirogoff's amputation. He recalled a case in which there had been a failure of growth in one femur, with shortening of nine or ten inches, all the joint motions being perfect. The patient wore an artificial leg attached to his foot, and walked with hardly any limp, the difference being noticed only when he was seated, the knees then being at different heights above the floor.

Dr. Judson said that the apparatus referred to was very useful, but that generally it could be improved by making a firmer pocket for the reception of the foot as it inclined downwards in extreme extension. This part could be made not only extremely firm, but also adjustable at will by the use of webbing and The apparatus could also buckles. be improved by making it strong enough to transfer a part of the weight of the body from the anterior part of the foot to the tibia near its tubercle, as was done in the ordinary brace for talipes calcaneus.

Dr. Townsend said that people walked better when the limb was amputated below the knee, but of course this applied to persons with a movable knee. When the femur was shortened several inches and the knee anchylosed an amputation of the thigh would have to be done in the lower third of the femur, and by so doing a movable knee could be obtained.

ELONGATION OF THE FEMUR FOLLOWING NECROSIS.

Dr. Townsend also presented man 55 years of age, a laborer by occupation, whose right femur was two and one-eighth inches longer than his left. He walked with scarcely any limp and wore a shoe raised one and one-half inches. history he gave was that he was perfectly well until the age of 12, when from some unknown cause a swelling occurred on the lower and inner side of the thigh, and when it broke some pieces of dead bone came away and pieces continued to come away for nearly a year. Up to the time of this swelling his two limbs had been of equal length. The lengthening began to be noticed about the age of 13, and had reached its maximum when he became of age. knee joint had always been freely movable and was perfectly so to-day. The necrosis affecting the lower end of the femur evidently in this case had produced an irritation and increased growth of the cartilage and bone at the junction of the lower. epiphysis to the shaft. Lengthening from this cause had been noted in osteitis, but this was the greatest amount Dr. Townsend had ever seen. The circumference of the thighs and legs was the same, and there was a small, depressed white cicatrix above the inner condvle.

Dr. Sayre said that the suggestion had been made that after excision of the knee the epiphysis of the opposite leg be scratched in order to prevent it from outstripping the affected limb in growth. But the effect of irritation of the epiphysis in the patient exhibited would indicate that artificial irritation might cause increased instead of diminished growth. He recalled a case in which ostitis affecting the hip had caused increase in the length of the limb, but not so much as in Dr. send's patient.

Dr. Gibney said that Dr. James Berry, of Portmouth, N. H., had analyzed a large number of cases of ostitis of the knee joint, and in all of them there had been elongation. He wrote a paper upon the subject some ten or twelve years ago based upon his observations at the Hospital for the Ruptured and Crippled, at which time he was house officer. None of the cases analyzed was treated by the protection apparatus and a perineal crutch was not used. So we need not lay this elongation to the apparatus now employed.

Dr. Whitman recalled a case similar to that of Dr. Townsend. A man was admitted to hospital for fracture of the femur, which was found to be one and one-half inches longer than its fellow. There were several sinuses of indefinite duration. The thigh was amputated because of failure in repair. At the point of fracture the bone was hypertrophied and eburnated, which accounted for the non-union. The lengthening had been due to constant irritation of a fragment of ne-

crosed bone. The most common cause of elongation of bone was specific disease.

COXA VARA.

Dr. Whitman exhibited a boy 17 years old, affected with typical left coxa vara of two and one-half years' duration. The patient had been under observation for two years. perineal crutch, after being in use for about eight months, was discarded nine months ago. He had had no other treatment. The trochanter was above Nelaton's line and displaced forward, causing a very no-ticeable change in its contour. The ticeable change in its contour. leg was adducted and rotated outward and a moderate degree of compensatory knock knee was present. Flexion of the thigh was checked at 120 degrees, but extension was more These appearances than normal. and changes indicated that the neck of the femur was depressed beyond a right angle with the shaft and twisted downward. The patient had been before the Section on May 21, 1897. At that time the actual shortening had been one-half inch (see "The Medical Times and Register," August 7, 1897, p. 81.—Editor), which had increased to one and one-Apparent shortening. half inches. due to adduction, had increased from one and one-half inches to three inches, and motion had become more limited. An operation was advised in order to secure relief from the discomfort caused by lameness and restricted motion. Osteotomy would be done below the trochanter to correct the adduction and outward rotation. In younger subjects with less advanced deformity a cuneiform section should be made

from the base of the trochanter to actually restore the proper angle of the neck.

ERYTHEMA NODOSUM OF NEURO-MATA.

Dr. S. Ketch presented a man who had applied to the Orthopedic Dispensary for relief from a condition which could not be classified among the affections known as orthopedic, the diagnosis lying between thema nodosum and neuromata. The patient was a Russian, 35 years of age, and a peddler. He complained of intense pain in the lower extremities, coming on 18 months ago in the right leg and a few weeks ago in the left. The pain was more severe when he was resting, and was limited to an increasing number of points below the knee, one being at the lower part of the posterior surface of the right thigh. At these places there were slight reddened swellings, pressure on which caused pain altogether out of proportion with the appearances. There was a moderate degree of double flat-foot, of which he did not complain, and a slightly varicose condition of the veins. Otherwise he appeared perfectly well and denied rheumatism and venereal disease.

Dr. Whitman did not think that the pain was due to neuromata, because the swelling did not correspond to the course of any nerve and the appearances were not those of neuromata.

Dr. Sayre said that, as there was some evidence of acute inflammation of the veins, the trouble might have had its origin there.

Dr. Ketch said that acute erythema nodosum might well cause an inflammatory condition of the veins.





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COMPARATIVE ANATOMY IN THE MEDICAL CURRICULUM.

In a recent issue of the American Journal of Medical Sciences, an able essay is submitted on the question of introducing on an extensive scale the study of comparative or animal anatomy with the course of general anatomy in the course of student or under-graduate instruction. Professor Huntington, the author, takes the ground that elementary and comparative morphology is an essential preliminary to a ready grasp and easy comprehension of human anatomy, and, therefore, in order to make this branch of medical science practical and effective, he insists on the necessity of familiarizing one's self first with a knowledge of the structural development of lower life.

That anatomy is the keystone of the arch of medical science, and the art of surgery, all must concede, but the real question is whether comparative anatomy should be an undergraduate or a post-graduate acquisi-

It is true that a proper mastery of human anatomy for the advanced student or the teacher is impossible without turning aside to make frequent dissections of the ovipara, the quadruped and a greater life; but is all this vast study of any practical value to the all-around general practitioner? Will it make him a better obstetrician or enable him to treat

disease with greater skill than otherwise?

We certainly know it will not; indeed, it is well known that there are few active practitioners who can ever remember the names or the number of the bones of the hand-or foot in five years after they graduate.

To the graduate familiar with the laws of nature, with leisure on his hands, or who aspires to press on into the front rank of medical scientists, the study of comparative structural evolution of animal bodies is one of most fascinating interest, and adding to it vivisection or "comparative physiology," many of the mysteries of life will unfold themselves to the searcher after truth.

Comparative anatomy, therefore, should rather belong to post-graduate instruction. If the professor of anatomy wishes to widen the usefulness of his department and make the study of anatomy, which is always dry and tedious, attractive and instructive, let him take up the deviations, the anomalies and assymmetries; let him take up anatomy in its application to the injuries or lesions of organs and regions.

Finally, it should be remembered that anatomy is but one of the fundamental branches of medicine, and, hence, to lead the student too far off on this, to the detriment of other much more practical studies, would be a great mistake.

Twice the terms and years of medical study have been doubled in length. There is a necessity in widening out many of the branches of study to keep the student from rusting, but this must be in the direction of pathological, therapeutical and clinical work, as the late total

breakdown of our medical department in the Spanish-American war bears testimony to the fact that if there have been any great advances in medicine since the Civil War they certainly failed to materialize. There were good grounds for the gibe and taunt in one of our newspapers; as the facetious editor put it: "He wished to God they would make a present of our medical corps to the Spanish Government."

THE AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION.

The eighth annual meeting of the American Electro-Therapeutic Association was held September 13 to 15, at Buffalo, N. Y., in the Library Building. After an opening prayer by Rev. O. P. Gifford the Association was welcomed to Buffalo by Dr. Conrad Diehl, the Mayor. The address of welcome was responded to by Dr. F. B. Bishop, of Washington, D. C. Reports of committees were then received. The following is the list of papers read:

Phlebitis—A Clinical Study. By Dr. Margaret A. Cleaves, New York. The Diagnostic and Therapeutic

Relations of Electricity to Diseases of the Central Nervous System. By Dr. A. D. Rockwell, New York.

New Uses of the Undulatory Current in Gynecology. By Dr. Georges Apostoli, Paris, France. (Read by Dr. G. B. Massey.)

Electricity in the Treatment of Uterine Fibromata. By Dr. Felice La Torre, Rome, Italy. (Read by Dr. John Gerin.)

Electro-therapeutics in Gynecology. By Drs. Georges Gautier and J. Larat, Paris, France. (Read by Dr. C. R. Dickson.)

The Use of Electricity in Gynecology. By Dr. William J. Herdman, Ann Arbor, Mich. (Read by

title.)
The Treatment of Uterine Fibroids by Small Currents Administered Percutaneously. By Richard J. Nunn, Savannah, Ga.

Treatment of Menorrhagia by Weak Current and Silver Internal Electrode. By Dr. Adelstan de Martigny, Montreal, Que. (Read by Dr. W. H. White.) The Method for Using Cataphoresis in Conjunctival Inflammation. By Dr. Lucien Howe, Buffalo.

Electricity in Deafness and Stricture of the Eustachian Tube. By Dr. Robert Newman, New York.

Electricity in Acne Vulgaris and Acne Rosacea. By Dr. Grover W. Wende, Buffalo.

A Case of Lightning Stroke Without Serious Consequences. By Dr. William C. Krauss, Buffalo. (Read by title.)

Cases of Lightning Stroke Causing Diseases of the Eye. By Dr. G. Sterling Ryerson, Toronto.

High Tension Current in Neuritis. By Dr. Francis B. Bishop, Washington, D. C.

Electricity in the Treatment of Goitre. By Dr. Charles R. Dickson, Toronto.

Ten Minute Talks on Electrother-

The Effect of Electricity Upon Tissue Metabolism. By Dr. William J. Herdman, Ann Arbor, Mich., and Dr. J. H. Kellogg, Battle Creek, Mich. (Read by title.)

The Galvanic Current in Gynecology. By Dr. D. Betton Massey, Philadelphia, Po

adelphia, Pa.

Some Surgical Uses of Electricity. By Dr. Charles R. Dickson, Toronto.

Combined Use of Medicinal and Electrical Treatment in Some Affections of the Eye. By Dr. G. Herbert Burnham, Toronto. (Read by title.)

Electricity in Genito-Urinary Diseases. By Dr. Robert Newman, New

York.

Treatment of Malignant Growths by Means of Electricity. By Dr. G. Betton Massey, Philadelphia, Pa. Orthopedic Uses of Electricity. By Dr. Louis A. Wiegel, Rochester, N. Y.

The Functional Neuroses, with Special Reference to Neurasthenia; Their Pathology and Treatment. By Dr. A. D. Rockwell, New York.

Electricity in Diseases of the Nervous System. By Dr. W. J. Herdman, Ann Arbor, Mich. (Read by title.)

A High Frequency Oscillator for Electro-therapeutic Purposes. By Mr. Nicola Tesla, E. E., New York. (Read by Dr. W. H. White.)

The Hydro-electric Bath with Sinusoidal Current in Disease. By Drs. Georges Gautier and J. Larat, Paris, France. (Read by title.)

The Use of the Hot Air and Light Bath in Disease. By Drs. Georges Gautier and J. Larat, Paris, France. (Read by title.)

The Electric Arc Bath. By Dr. Margaret A. Cleaves, New York.

The Electric Light Bath. By Dr. J. H. Kellogg, Battle Creek, Mich. (Read by title.)

Some suggestions on the Possibilities of Cataphoresis. By Mr. John J. Carty, E. E., New York.

The Effect of High Tension Discharges Upon Micro-organisms. By Drs. J. Inglis Parsons and C. Slater, London, England. (Read by title.)

The Action of X-Rays Upon Tuberculosis. By Drs. J. Bergonie, Bordeaux, and Teissier, Paris, France. (Read by title.)

Two Years of Practice in Radiotherapy. By Drs. Georges Gautier and J. Larat, Paris, France. (Read by title.)

The President's Address: Aims and Claims. By Dr. Charles R. Dickson, Toronto.

The following officers were elect-

President, Dr. Francis B. Bishop, Washington, D. C.

First vice president, Dr. Ernest Wende, Buffalo, N. Y.

Second vice president, Dr. W. H. White, Boston, Mass.

Secretary, Dr. John Gerin, Auburn, N. Y.

Treasurer, Dr. Richard J. Nunn, Savannah, Ga.

Executive Council, Dr. Robert Newman, New York, for three years; Dr. B. Betton Massey, Philadelphia, Pa., for three years; Dr. A. D. Rockwell, New York, for two years; Dr. William J. Morton, New York, for two years; Dr. Charles R. Dickson, Toronto, Ontario, for one year; Dr. Frederick Schavoir, Stamford, Conn., for one year.

Next place of meeting, Washington, D. C., September 19 to 21, 1899.

A resolution was passed calling on colleges and medical schools to devote more time to the teaching of electro-therapeutics and drawing the attention of the Association of Medical Colleges to the necessity of the same. The University of Buffalo was congratulated upon having shown its progress by establishing a chair of electro-therapeutics in connection with its medical school.

A reception was held in the University of Buffalo on the evening of the 13th, at which a number of most interesting addresses were delivered. On the evening of the 14th a smoker was given by Dr. Lucien Howe at his residence. On Thursday afternoon, the 15th, the yacht Huntress took the Association down the Niagara River and to Grand Island, where a dinner was given at the Island There were also several tallyho excursions and a visit by special car to the power house of Buffalo R. R. Company. These are only a few of many diversions provided for the entertainment of the visitors. Dr. Ernest Wende, Public Health Commissioner, was chairman of the committee on arrangements and well sustained his reputation as a most indefatigable, as well as most successful worker for the comfort and enjoyment of all.

There was a splendid electrical exhibition in connection with the meeting held in the lecture room adjoining, which was a very popular feature. After the excursion on Thursday the members left for Niagara Falls and spent Friday morning on an excursion embracing a trip up the Observation Tower, and the electric roads on each side of the river. The afternoon was devoted to visiting the power house of the Niagara Falls Power Company. The meeting was one of the most enjoyable and successful in the history of

the Association.

RESOLUTIONS.

At an emergent joint meeting of the Medical Board of the West Side German Dispensary, and the Corps of Professors of the New York School of Clinical Medicine, held at the Dispensary and School Building, the following resolutions were adopted:

Whereas, we have learned with great pain of the death of our friend and colleague, Salmon P. Cahen, M. D., secretary of the Medical Board of the West Side German Dispensary and associate professor of practice at the New York School of Clinical

Medicine, and

Whereas, Professor Cahen, by his nobility of character, scientific attainments and devotion to the sick poor, endeared himself to us as a man and a physician, and

Whereas, his death is to us an irreparable loss, be it therefore

Resolved, that in manifestation of our deep grief we ask that the dispensary and school be closed on Friday, the 9th instant, until 1 P. M., that all connected with these institutions may attend the services in a body, and furhermore be it

Resolved, that four copies hereof be engrossed, one to be given to the widow of our friend and colleague, another to his brother, James P. Cahen, Esq., president of the Board of Trustees; another to Julius P. Cahen, Esq., secretary of the Board of Trustees, and another to be placed in the assembly room of this dispensary and school. And further be it

Resolved, that a copy of these resolutions be spread upon the minutes of the Medical Board of the West Side German Dispensary, and upon the minutes of the Corps of Professors of the New York School of Clinical Medicine, and be it further

Resolved, that copies hereof be furnished the medical journals of New York for publication.

New York for publication.
LOUIS FISCHER, M. D.,
Sec'y N. Y. School of
Clinical Medicine.

FERD. C. VALENTINE, M. D., Pres. Medical Board of West Side German Dispensary.

POSTPONEMENT OF THE THIRD PAN-AMERICAN MEDICAL CONGRESS.

International Executive Commission of the Pan-American Medical Congress. Office of the Secretary.

Cincinnati, Nov. 5, 1898.

My Dear Sir: I have the honor to announce that in April, 1898, I received from Dr. Jose Manuel de los Rios, chairman of the Committee on Organization of the third Pan-American Medical Congress, a request that, in consequence of the then existing rebellion in Venezuela, no definite arrangements be made at that time relative to the meeting of the Congress previously appointed to be held in Caracas in December, 1899.

The following communication relative to the same subject is just at

hand:

Caracas, September 25, 1898.
Dr. Charles A. L. Reed, Secretary of the International Executive Commission, Cincinnati, Ohio.

Dear Sir: After having sent my communication, dated April last, I find it to be my duty to notify you that, although the considerations pointed out in it have already ended, our country has been scourged by small-pox, which has taken up all our physicians' activities and time, depriving them of going into scientific works. And, as that state of mind of our people and government, after such calamities as war and epidemic, would greatly interfere with the good success of our next meeting, I beg leave to tell you, in order you will convey it to the In-

ternational Executive Committee, that our Government and this commission would be grateful to have the meeting which was to take place in Caracas in December, 1899, adjourned for one year later. I am, dear doctor,

Yours respectfully, THE PRESIDENT. (Signed) Dr. Jose Manuel de los Rios. In accordance with the request of the Government of Venezuela, and of the Committee on Organization, the third Pan-American Medical Congress is hereby postponed to meet in Caracas in December, 1900.

For the International Executive

Commission.

CHARLES A. L. REED, Secretary.

"ABSENT TREATMENTS."

"It seems to us," says the Massachusetts Medical Journal, "passing strange that so many persons, otherwise seemingly sensible, can be so deluded by what is called Christian Science. But that is their affair and not ours. We only referred to this matter to repeat what impressed us as a very funny story, for it is a part of our religion to never lose a good story. A man of the Christian Science faith fractured his femur. Under Christian Science it united, of course, but, of course, there was considerable shortening. Some months later a lady called at his place of business to sell him a book. In the course of conversation he related his experience, bemoaning the fact that the one-time injured limb was so short that he walked with much dif-

ficulty. She expressed much sympathy, but assured him that just as Christian Science had mended the bone, just so it could lengthen it. She informed him she understood and could give him one treatment then, and after that give him what were called 'absent treatment.' This she did, and departed. A fortnight later the man believed his leg really was a little longer. After another week he was sure that it was. A week later it was still longer, and soon after it was long as the other, and later still it was longer than the uninjured limb. At last accounts the leg was getting too long; the 'absent treatment' was still going on, and the whereabouts of the woman could not be ascertained."

-New York Medical Journal.

LEUCOCYTOSIS IN PREGNANCY.

Ascoli and Esdra have examined the blood of 17 women at various stages of pregnancy with a view to the presence or absence of any excess of leucocytes. Assuming the mean to be 7600 leucocytes per mm., any figures decidedly above that were taken to indicate hyperleucocytosis. The authors also made observations with regard to post-digestive hyperleucocytosis in pregnant women. As to the so-called serous plethora of the pregnant the authors

have no data to decide upon. It was found that although the figures representing the number of leucocytes were comparatively high, yet they were quite within the physiological limits, and that there was no true hyperleucocytosis. Probably this is true for the greater part of the term of pregnancy, but towards the end, shortly before expulsion, there is a true hyperleucocytosis.

—Boll. della Soc. Lancisiana, Aug. 18, f. 2, 1898.



DIPHTHERIE AND DIPHTHER-ITISCHER CROUP.

BY PROF. DR. ADOLF BAGINSKY,

Director of Kaiser and Kaiserin Friedrich Children's Hospital, in Berlin; Professor of Pediatrics in the Berlin University.

In his practice Professor Baginsky states that this work is the result of his personal experience, gained by the immense amount of clinical material at his disposal, and that the pathologic-anatomical portion is the result of personal control, aided by his valuable assistants, whose zeal he recognizes. These illustrations are reproduced from specimens prepared from his own material in the hospital.

The author makes a distinction between the local manifestations of the disease, which he describes as "Diphtheritis and Diphtheritisch," and between the general infection, so-called constitutional manifestation, which he describes as "Diphthe-

rie and Diphtherisch."

Commencing with the definition, he details very minutely what diphtheria really is, and gives the following definition: Diphtheria is a contagious, usually febrile disease, and continuous with fever, producing more often in the upper air passages a grayish or a dirty yellow membrane, which is firmly adherent. The disease is caused by the invasion of a specific, well-characterized bacterium, discovered by Klebs and Loffler, and which is usually accompanied by streptococci and staphylococci.

His next chapter deals with the history of diphtheria, giving a vast amount of literature from all over the globe. His knowledge of American literature is certainly very interesting and proves to us how much the author reads. In this chapter he quotes 148 different articles and references.

We next come to the charter on the

ETIOLOGY AND PATHOGENESIS.

The climatic and geographical conditions are herein detailed, and the author cannot see that this disease is really influenced by the effects of climate, for it is met with in both tropical countries as well as in Northern climate. Cases are reported from Egypt, Syria, Spain, as well as in Norway.

SEASON.

The season of the year does not influence the development of the disease, for the author gives the details of his experience and finds in a review of six years a series of 1344 cases treated from October until the end of March, 1017 cases treated from April until September.

Other authors quoted do not regard this disease to be influenced by seasonable changes, as in cholera and

dysentery.

CLEANLINESS.

This is a valuable factor in the prevention of this disease. It can by no means be laid down that a distinct cause of this disease is filthiness, for how frequently do we find this disease in the very cleanly and in the best of families, with the absolutest care and attention to all modern sanitary and hygienic rules.

The author refers to the fact that this disease is frequently met with in the royal households, and amongst the well-to-do families.

DWELLING.

Interesting facts pointing to the probable eitological factor between damp dwellings and the disease, especially unsanitary apartments, are herein described.

SEWER GAS.

The author does not believe that sewer gas per se can cause this disease, but he agrees that people living in apartments in which sewer gas escapes can, by inhaling the gas, attain a distinct subnormal condition, and then be more susceptible to the infection of any disease, and certainly just as well to diphtheria.

The author does not believe that anybody can question that sewer gas should cause diphtheria in one, pneumonia in another and typhoid

in a third.

DISSEMINATION OF THE DISEASE.

He believes that it is a pure question of the dissemination of the seed on a proper soil, whereon the latter develops. The disease is contagious and therefore can be carried from person to person.

DIPHTHERIA BACILLUS.

In this chapter, pages 63-91, the minutest details are given to the morphological character of the K. L. bacillus. The manner of taking a culture, the recipe for the various culture media and for the staining, etc., with several beautiful illustrations of the Loffler bacillus stained with Neisser's stain and unstained specimens.

On page 86 is given the formula for a good stain for these Klebs-

Loffler bacilli.

The next chapter deals with the pathological anatomy of the pharynx, respiratory organs, the heart, gastro-intestinal canal, spleen, liver, pancreas and mesenteric glands, urogenital apparatus, central nervous system and organs of sense. chapter is profusely illustrated, containing no less than 20 different pathological (stained) and also bacteriological cultures and specimens. Especially pretty are the illustrations showing hemorrhagic nephritis and the fatty and degenerative changes in the nerves and spinal cord.

Localized diphtheria angina is next detailed and the chapter illustrated by numerous fever curves! Following this chapter the author describes constitutional diphtheria, or, as the author terms it, a diphtheric general infection, in which the whole body participates. Every symptom is given especial weight, and all the secretions and excre-

tions of the body are given the prominence that they deserve. In the next chapter the author describes septicemic diphtheria, which he regards as the most virulent form of this disease. This chapter is also profusely illustrated with charts (temperature), etc.

The lesions of the skin and of the lymph glands of the joints of the respiratory organs, of the circulatory apparatus (pulse-tracings), a rythmic heart's action, tachycardia and every form of pulse variation is chronicled and illustrated. Next follows the participation of the digestive apparatus, the urinary organs, the nervous system, and lastly the complications and the sequelae.

The next chapter deals with the various forms of post-diphtheric paralysis, and also hemiplegic paralyses. The diphtheritic forms of cardiac paralysis are divided by the author in two—first, early paralysis of the heart, and secondary cardiac paraly-

sis.

Next we come to diphtheritic nephritis. Then to the chapter on diphtheritic rhinitis. Diphtheritic laryngo-tracheo-bronchitis and diphtheritic croup are the subjects next the chapter. chapter is truly a masterpiece, and is the stronghold of this monograph, for every form of detail is herein carefully outlined. Not only to the specialist, but also to the general practitioner will this chapter appeal as one of the most interesting ones of the whole book.

We next come to the consideration of diphtheritic vulvo-vaginitis. Next to diphtheritic ophthalmia, and next to the chapter on diphtheritic otitis. Another interesting chapter is the one dealing with the combination of diphtheria with measles and diphtheria, complicated by scarlet fever and diphtheria complicated by per-

tussis.

Diphtheria and varicella, diphtheria and ileo typhus are subjects

given due prominence.

The chapters on the diagnosis and prognosis are followed by the most vital one, which is the chapter on therapeutics.

The author describes all the remedies which have been used and recommended for both the local and

constitutional treatment of this disease.

The author lays careful stress on the amount of antitoxine to be used in a mild and in a severe form of this disease, and the dose to be given in cases where there is a croupy manifestation of laryngeal stenosis. It is interesting to learn, for instance, that this distinguished pediatrician recommends the beginning dose to be 3000 units in malignant cases.

The author advises coolness and a careful study of the severe symptoms following this latter injection, and if there is no amelioration of the symptoms then he advises a second

injection of the same dose.

The statistics correspond with those expressed at the discussion of the paper on the treatment of diphtheria read before the section on pediatrics of the New York Academy of Medicine, December 10, 1896, by Louis Fischer, of New York, published in the Medical Record, December 26, 1896.

Medication and stimulation, the treatment of collapse, are given proper weight, and here we note that on page 331 the author opposes the

use of strychnine injections.

The next chapter deals with the treatment of laryngeal croup. This chapter contains 15 illustrations (instrumental and anatomical), detailing all the methods pursued in the intubation and extubation of the larynx, much of which is to us certainly not new, but adds greatly to the completeness of the work.

Dr. Edwin Rosenthal, in a paper read before the State Society of Pennsylvania, May 21, 1896, has given an immense amount of study to the same details described by Professor Baginsky, and more especially elaborates thereon in the recent text book of "Diseases of Children," published by Taylor & Walls, 1898, article on "Diphtheria" and also "Intubation of the Larynx," and his statistics of recoveries are virtually the same.

The book ends with the description of tracheotomy, inferior and superior; describes the method of introducing the canula and the after

treatment of the same.

To one desiring a complete insight into the subject of all forms of diphtheria, we can certainly recommend this book. There is nothing as complete as this work in the English

language.

Based as it is on Professor Baginsky's personal experience, and being really the first man to thoroughly educate the profession of the world to the true status of the antitoxine question, we really feel that this book completes up to date all that can be said on this subject. Nothing has been omitted; the anatomical, bacteriological, pathological and instrumental (mechanical) illustrations are so perfect that no praise that we can bestow on this book can be too much. We certainly hope to see this book translated very soon. for it will then disseminate the treatment of one of the gravest infantile diseases that the general practitioner meets daily.

The book certainly deserves a very prominent place in the library of every up-to-date physician, and we take pleasure in congratulating this distinguished author on the comple-

tion of this work.

-Louis Fischer.





GASTRIC DIVERTICULA.

Ferguson discusses the origin of these diverticula so rarely found on account of the strength of the muscular coat of the stomach. may be due to the action of a force from within, when they are called pulsion diverticula, or to a traction from without, when they are named The pulsion traction diverticula. diverticulum is caused by a weakening of a circumscribed portion of the stomach wall, as the result of injury or disease. Retention of foreign bodies in the stomach has been known to produce them, and the author gives instances from recorded cases. Here the diverticulum is found in the most dependent parts of the stomach. They have been seen in association with gastric ulceration, pyloric obstruction being also present. The reason of their being so rare in gastric ulceration is that the floor of the ulcer is usually strengthened by a perigastritis. Only two cases of traction diverticulum of the stomach are on record. Adhesions are found between some adjacent structure, such as lymphatic glands and the stomach. When once the muscular walls of the stomach yield and a traction recess is formed the same forces come into play as operate on pulsion diverticula. author then relates a case of gastric diverticulum in a man aged 34, who died of acute mania. The stomach was dilated, and in the line of the greater curvature 5 cm. from the cardiac opening there was a diverticulum of the size of a plover's egg. The opening into it was slightly contracted, but admitted the tip of the forefinger. The lining membrane was smooth, and the contents only gas. Dr. Sutherland made a careful microscopic examination.

mucous membrane gradually became thinner, and the muscular coat entirely disappeared a short distance from the mouth of the diverticulum. The serous coat was also absent. It was essentially a pulsion diverticulum or a hernia of the mucous membrane through the muscular coat. There were no adhesions outside. Ferguson thinks that the line of the greater curvature may be a place of less resistance in the stomach, as the line of attachment of the mesentery is in the intestine.

-Glasgow Med. Journ., March, 1898.

TREATMENT OF GONORRHEA.

Gravagna has tested the value of various new remedies for gonorrhea in a fair number of cases. He finds that, at any rate as far as the remedies selected by him are concerned, the results obtained are very little better than those which were observed after the use of the older rem-The drugs selected by the author were alumnol, protargol, argentamin and argonin. Microscopic examination of the secretion showed gonococci long after the onset of treatment; nor was the disease cut short in the manner described by the introducers of these new preparations. If there was no marked advantage to be gained by using the newer drugs, on the other hand no disadvantages followed their use. They clearly have not the germicidal action with which they are credited. -Rif. Med., July 28, 29, 1898.

PERSISTENT DUCTUS ARTERIOSUS.

Zinn, of Gerhardt's clinic, relates a case and discusses the diagnosis. The patient was a weakly woman, aged 37, with somewhat clubbed finger ends, but no cyanosis. The car-

diac dullness began in the left mammary line, and extended to the right edge of the sternum. It was also prolonged upwards in a quadrilateral form up to the first interspace. The apex beat was in the fifth interspace. There was a systolic thrill, most marked in the first left intercostal space. A very loud systolic murmur was heard in the pulmonary area, and extended into the diastole. The murmur was heard in the carotids and subclavian, and very distinctly behind. The pulse was regular, but small. The other organs were healthy. Apparently there was no other symptom complained of except shortness of breath on vigorous exertion. There were evidences of past rickets. Rickety children suffer from atalectasis, which is itself looked upon as a cause of persistent ductus arteriosus, or patent foramen ovale. The points in favor of a patent duct were the extension of the cardiac dullness upwards and also to the right, the marked systolic murmur and thrill extending into the diastole, the conduction of the murmur into the vessels of the neck, and the absence of cyanosis. The presence of the murmur behind to the left of the third and fourth thoracic vertebrae has also been looked upon as evidence of a patent ductus arteriosus. Gerof a patent ductus arteriosus. Gerdhardt thought that a greatly dilated ductus arteriosus would account for the absence of the second pulmonary sound. This malformation is rare, and only a few cases are on record. Grunmach took a Roentgen photograph, and the results obtained confirmed the view advanced above. The extension of the cardiac dullness upwards in cases of persistent ductus arteriosus was pointed out by Gerhardt; it is due to a dilatation of the pulmonary artery brought about by the entrance of blood from the aorta.

-Berl. klin. Woch., May 16, 1898.

TREATMENT OF PULMONARY TUBERCULOSIS.

At the recent annual meeting of the New York State Medical Association Delancy Rochester, of Buffalo, said that as success in the treat-

ment of pulmonary tuberculosis depended so largely on the treatment of the individual, it was difficult to lay down general rules. A fundamental principle was to keep the patient most of the time in the open air and in a sunny place. Bathing was most important, as one of the objects of treatment was to keep open the avenues of excretion. tepid or cool sponge bath should be taken every morning, and be followed by friction of the surface. A hot bath might be taken once or twice a week, and when night sweats were profuse it was desirable to induce perspiration. The most suitable articles of diet were raw beef, eggs, baked potato, boiled rice and boiled young beets, cocoa, chocolate and milk. The last-named should not be taken at the same time as meat. there was much involvement of the lung little or no exercise should be taken. For their local action inhalations of essential oils containing various medicaments were to be preferred. One of the best vehicles for this purpose was essence of peppermint. A cheap and efficient inhaler might be improvised from a cigar holder packed tightly with absorbent cotton. Five or ten drops of the following mixture should be placed in this inhaler and renewed in two or three hours: Menthol, 1 part; spirit of chloroform, guaiacol, terebene, eucalyptol and thymol, of each two parts. In connection with the constitutional treatment of pulmonary tuberculosis Rochester said it was well to bear in mind that guaiacol could be made into a perfect emulsion with milk of magnesia. Balsam of copaiba often acted well, and should be prescribed in an emulsion made with mucilage of acacia and syrup of tolu. If creosote was taken it must be a very pure article, and must always be given with food. The dose should be gradually increased, the urine and the tolerance of the stomach being watched, and if it seemed wise to diminish the dose this should always be done gradually. Rochester had been able to give as much as 2 c. cm. of creosote three times daily for a considerable time. When there was much bronchial irritation the cough was best treated by inhalations or with hydrocyanic acid

and chloroform water. For excessive vomiting, drachm doses of cerium oxalate were recommended.

-Phil. Med. Journ., October 29.

TUBERCULOUS ENDOCARDITIS.

Michaelis and S. Blum of v. Leyden's clinic have succeeded in setting up a tuberculosis endocarditis in rabbits. The authors first refer to the researches which proved malignant endocarditis to be of microbic origin. At one time it was thought that endocarditis and tuberculosis were mutually exclusive until morbid anatomy demonstrated that these two lesions might occur gether. Thus out of Frommhold's 277 cases of valvular disease 22, or 8 per cent., had phthisis. In such cases it might happen that the valvular disease occurred first and the phthisis followed, or that the endocarditis had supervened upon the phthisis. The bacteriological examination is obviously of much importance here. In some cases the streptococcus and staphylococcus been found in the endocarditis occurring in phthisis, and more recently the tubercle bacillus. Thus in three consecutive cases of phthisis with endocarditis v. Leyden found the tubercle bacillus in the vegetations. Michaelis and Blum set up aortic incompetence in rabbits by piercing the valves with an instrument introduced through the carotid. In about two hours later the tubercle bacillus was injected into the vein of the ear. The animal died in from three to six weeks. Besides a diffuse tuberculosis the heart was hypertrophied and dilated. The valves which had been damaged were covered with vegetations. The tubercle bacillus was demonstrated in them. sometimes in large and sometimes in smaller numbers. The staining of the tubercle bacillus in sections is not always an easy matter, and perhaps this will account for some of the negative results which have been obtained. The author's experiments show that the tubercle bacillus can by itself set up a verrucous endocar-

-Deut. med. Woch., September 1, '98.

THE ACTION OF PERONINE ON COUGH.

A. Mayor (Rev. Med. de la Suisse Rom., June 20, 1898) and West have investigated the action of hydrochlorate of a benzylic ether of morphine, named by its introducer, Merck, "peronine" (C24, H25, NO3). It has been used clinically as a substitute for codeine in doses of 0.02 to 0.04 centigrammes (about 1-300 to 1-150 gr.) two or three times a day, and has been praised especially for its action in allaying the cough of phthisis, chronic bronchitis and whooping cough, and is said to produce neither sweats nor dyspepsia. The authors conclude: (1) Its action approaches that of codeine more than any other alkaloid; thus in the rabbit it has but slight narcotic action, and when the dose is increased it causes not narcosis but convulsions. (2) These convulsions are not of spinal origin, as those of strychnine and thebaine, but of cerebobulbar, and cause death by asphyxia. which results with a dose four times less than in the case of codeine. (3) If life is prolonged by artificial respiration death ensues from arrest of the heart, and it is thus a cardiac poison. (4) It is remarkable that an alkaloid so feebly narcotic calms cough almost as well as morphine. Thus after tracheotomy the vapor of ammonia always causes a fit of coughing in rabbits. But when five milligrammes of peronine per kilo of body weight were injected the tracheo-bronchial sensibility was diminished to such an extent that ammonia caused no cough, or a very slight one, though the animals were only slightly somnolent. (5) Its effect is still more remarkable if the drug is pushed to the verge of convulsions, when there is no somnolence at all, and all the reflexes are extremely active, except that of coughing, which is absent. (6) Peronine is therefore a real substitute for codeine, but, considering the former's greater toxicity, has been employed hitherto in rather too large doses.



CLINICAL SURGERY AND SURGICAL PATHOLOGY In charge of T. H. MANLEY, M. D., New York

THE EFFECTS PRODUCED BY ANESTHETICS UPON THE KIDNEYS AND CIRCULATION.

By the use of Roy's oncometer Thomson and Kemp have arrived at the following conclusions: (1) Ether appears to cause contraction of the renal arterioles, producing deleterious effects upon the secreting cells similar to what obtains upon ligature of the renal artery. The quantity of urine becomes lessened and finally there is suppression. Albuminuria always develops. These results are due to a specific effect, not to any general change in the circulation. (2) Chloroform, while depressing the heart and lowering blood pressure, induces no changes in the kidneys quantity of urine excreted, and a small amount of albumen after prolonged anesthesia, the result, it is believed, of the concomitant failure of arterial circulation and dangerous lowering of blood pressure. (3) "A. C. E." mixture: When given with 95 per cent. of air the blood pressure falls, but the kidneys appear only affected in the same slight manner as with chloroform. If, however, given by the "closed" or "semi-closed" method, a very marked depression of the heart with a fall of blood pressure takes place, and the kidneys show an ether effect: that is, diminution (without suppression, however) of albuminuria and damage to the secreting cells. (4) Schleich's mixture (various solutions of chloroform, sulphuric acid, petroleum ethers, benzin) produce effects upon the circulation corresponding with those of chloroform; that is, depression of the heart and fall of blood pressure, and upon the kidneys similar to those arising from ether, although not so severe, namely, diminution approaching, but without total, suppression of urine, albuminuria, and damage to the secreting cells. The renal

changes were more marked than with the A. C. E. mixture. (5) With nitrous oxide the effects were transient and comparable to those of asphyxia. and were not specific, but rather the results of deprivation of oxygen. Even with nitrous oxide slight albuminuria appeared. The experiments were made on dogs. The research. it is contended, shows that the A. C. E. and Schleich's mixtures possess no advantage over, and are even more dangerous than chloroform or ether, that chloroform is more harmful to the circulation than ether, that ether is distinctly more deleterious to the kidneys than is chloroform, it should not, therefore, be employed when initial renal disease exists. -New York Med. Rec., Sept. 3, '98.

SCIATIC HERNIA.

Giron records a case of sciatic hernia, which, he states, is the nine-teenth that has hitherto been put on record. The hernial tumor in this case was unusually large, its circumference measuring about inches, and it occupied the whole of the inner half of the gluteal fold on the right side. By prolonged taxis the volume of the swelling could be reduced by at least three-fourths, and there then remained a small resonant protrusion, formed mainly by irreducible intestine. The hernia. which had first made its appearance after a fall on the buttock, gradually increased in size during the subsequent interval of 11 years. As the patient—a woman aged 55—was suffering from a serious organic disease, the treatment consisted simply in supporting and protecting the perineal protrusion in a bag of soft leather. The author thinks that under any circumstances an operation for radical cure would have been contraindicated in this case, as it would have been found very difficult to close the wide entrance to the sac.

which was bounded on one side by an osseous margin, and on the other by an unyielding ligament. The list of cases hitherto published of this rare affection shows that in most instances the patient is a female, and that the swelling occurs on the right side.

-Archives Prov. de Chirurgie, No. 10,

1898.

THE DANGER TO THE EYE OF LIGATURE OF THE COMMON OR INTERNAL CAROTID.

Siegrist gives two cases: (1) Ligature of the common and internal carotid for hemorrhage following an operation for carcinoma of the Sudden blindnes on the tongue. side of the ligature presented the features of embolism of the central artery of the retina. Section six days later; ascending thrombosis from the site of ligature, and extending 6mm, into the ophthalmic artery. Central artery blocked near its origin by an embolus, the latter being overlaid with a thrombotic mass. The retinal changes concern the inner layers. Infiltration advancing from periphery to centre of cornea, with small central ulcer and peculiar changes in the epithelium. (2) Pulsating traumatic exophthalmos. Ligature. Blindness on the same side, embolic in character. Five months later atrophy of the papilla, choroidal vessels all visible, partly normal, partly sclerosed; fine pigmentation of retina. After a year and a half the macular region showed no sclerosis, but still fine flecks of pigment; in the upper part of the fundus the choroidal vessels were completely sclerosed, and the retinal pigment was heaped up in masses around this area.

-Heidelberg Congress of Ophthalmol-

ogy, August, 1898.

HYDROCELE OF ROUND LIGA-MENT.

Noll relates three unpublished cases of "hydrocele feminae." The first is specially important, as symptoms of strangulated hernia set in some six months after Noll had diagnosed a cyst of the right round ligament. There was vomiting and rise of temperature. The swelling in the right groin was as big as a goose's egg, hot, red, tender and firm, just

as is seen in cases of strangulated hernia with gangrenous contents. Still, as Noll had seen the case when less acute, he concluded that inflammation of the hydrocele explained everything. This proved to be the case. The cyst was easily enucleated. Its walls and the surrounding tissues were infiltrated with bloody serum; it contained fetid dirtybrown serum. It did not communicate with the abdominal cavity. The wound was drained, and the woman, who was aged 32, began to recover directly after the operation. In the two remaining cases the hydrocele was also in the right round ligament. In the second two cysts were plainly detected on palpation. At the operation, as the upper cyst was being enucleated, a third, as big as a pigeon's egg, appeared; it lay against the inner abdominal ring, closely connecting with the peritoneum. The muscular fibres of the round ligament ran on the right and external aspect of the walls of the three cysts. The cyst in the third case was completely invested by the muscular fibres of the ligament. Internally the tendinous pubic end of the ligament was found to contain a central channel as wide as a crow quill. There was no difficulty in removing the cysts in any of these cases, and all did well.

--Centralbl. f. Gynak., No. 29, 98.

THE PLACENTA IN CAESAREAN SECTION.

Marcy recently performed Caesarean section on a dwarf four feet three inches in height, when labor at term had set in. The pelvis was very small, the child large. uterus was drawn forwards through a large incision, and some of the usual precautions were taken against hemorrhage. Marcy insists that it is of great importance to determine the site of the placenta and avoid injuring, but not to avoid incising the uterus over the placental site, as suggested by many authors. found out the site of the placenta he made an incision as nearly over its centre as possible. A mere buttonhole was cut in the uterus at first. Then a finger was inserted guide and a five-inch incision made while the back of the band

pressed the placental site. Directly the hand was removed the intrauterine pressure forced the placenta through the incision. But gentle pressure was used, so that the uterine contents should not escape with a rush. The placenta popped out like a cauliflower, and Marcy was able to lift it, with membrane intact, out of the uterus. Hardly two ounces of blood were lost. The child came out with no sign of asphyxia; weighed over 81-2 pounds. A hypodermic injection of ergotine was given to the patient directly the uterus had been emptied. The uter-The musus contracted normally. cular coat was united with silk sutures, which did not include the peritoneum or mucosa. The serous coat was closed with silk Lembert, sutures, and then the omentum was drawn over the sutured uterine wound. The peritoneum involved in the abdominal wound was sutured separately with a continuous catgut suture. The patient made an uninterrupted recovery. Some ten months after the operation mother and child were well. Marcy lays much stress on what he holds to be the proper management of the placenta as a factor in ensuring so favorable a result.

—New York Medical Journal, July 16, 1898.

OPERATIVE TREATMENT OF IR-REDUCIBLE RETROFLEXION OF THE PREGNANT UTERUS.

Mann says that formerly there were two alternatives—replace the uterus, or, failing this, empty it. He that the latter procedure should be replaced by opening the abdomen and pulling up the fundus by the hand introduced behind it. If the uterus be so large as to fill the pelvis completely replacement by the vagina is unsuccessful, not because the uterus is too large to be forced through the pelvic brim, but because it is held down by atmospheric pressure, and it can then be replaced only by letting in air behind it. Moreover, pregnancy may exist when there are adhesions, which may be an insuperable bar to reposition till they have been broken up by the hand on the inside. Mann reports two cases in which abdominal section was performed after efforts to push up the uterus under anesthesia had failed. Pregnancy was not interfered with in either case. He has found only one similar case, reported by Cameron, in the British Medical Journal, Vol. ii, 1896, p. 1277. —Am. Jour. of Obst., July, 1898.

ON THE EFFECTS OF LIGATURE OF THE UTERINE ARTERIES IN FIBROUS CANCER AND UTERINE HEMORRHAGE.

By Dr. Magnin.

Surgical intervention with radical measures have of late been largely employed in the treatment of uterine tumors by hysterectomy, vaginal and abdominal.

But it is evident, from the experience of several observers, that in many of the cases we may accomplish as much or more by the employment of simple methods, not attended with dangers, nor even the of pulmonary anesthetics. Fritsch and Gottschalk have given us in detail both the indications and the technique for the ligation of the uterine arteries, and in the new work of Hartman and Fredet it is further amplified.

This method is particularly effective in fibromatous tumors, but it is also excellent in metrorrhagia, from any cause, malignant disease or oth-In retro-deviations with hypertrophy it leads to prompt and

permanent hypertrophy.

Some of the contraindications to ligation of the uterine arteries are:

(1) In all lesions in which the tubes or ovaries are involved.

(2) When the volume of the tumor is considerable and impaction is marked. To suddenly cut off twothirds of the arterial irrigation here; suddenly, is to unite sphecalus. This is particularly to be feared in hard, chronic tumors, the circulation of which is always feeble.

(3) Degeneration of the tumor calls

for prompt extirpation.

(4) Elevation of the tumor with a straight vagina may render ligation impossible.

In cancer of the cervix ligation of the uterine arteries, with curetage

been highly and amputation has praised by Baumgartner and Taffier.

The author gives the technique in particularly warns but detail. against ligation en masse, as the middle coat of the artery may escape, and, hence, circulatory effects recur. The operation is without mortality, and in skillful hands would entail no damage to adjacent parts.

(La Semaine Gynocologie, Decem-

ber, 1898.)
Note: The surgery of uterine fibroids has been a large subject of late years. In former times little was attempted for their relief, and now we are doing too much. It was formerly regarded something in the nature of a sacrilege to remove any part of a female's procreative sys-Anesthetics were unknown, nor was infection understood. And, further, all were aware that fibroids not infrequently underwent atrophic changes; besides that, they may be borne for years with impunity and rarely cause death.

It is undeniable, however, that they sometimes induce great distress

by impeding functions.

Then came radical and more radical surgery, until extremes were reached, and hysterectomy was recommended for every variety of fibroids.

This was a mischievous doctrine and led to the needless desexualization of women and the sacrifice of

many lives.

Electro-therapeutics and the ligation of the uterine arteries, first admirably taught in this country by Professor A. H. Goelet, have been most valuable and effective as conservative expedients.

But we should not overlook what may be accomplished in many cases, uterine fibroids by simple enucleation, whether they are sessile or pedunculated. T. H.M.

RESECTION OF THE LIVER.

Terrier and Auvray have collected 40 cases of hepatic tumor, in which laparotomy was performed either for the relief of urgent symptoms or for the removal and radical cure of the disease. In two of these cases the operation was practiced simply with the object of remedying the results of compression of the bile ducts,

cholecystostomy having been performed in each instance, and no attempt made to extirpate the hepatic growth. In 18 of the 38 cases in which an attempt was made to perform a complete and radical operation the tumors were of a malignant nature. Of the remaining cases, more than half of the whole number, in which there seemed to be no risks of relapse or generalization of the disease after the operation, three presented angiomatous tumors, three tumors the nature of which was not thoroughly determined, non-parasitic biliary cysts, and nine syphilitic tumors. In six cases death occurred as a result of the operation, having been due to hemorrhage, to septicemia or to shock. Septicemia, it is pointed out, may be prevented by observation of the rules of a rigorous asepsis; and hemorrhage, which, however, rarely occurs, can in most instances readily be avoided by practicing the latest and most improved methods of operation, and by attention to the new plan of intrahepatic ligature. The remote results of operations for the removal of hepatic tumors have been much less unfavorable in cases of malignant than in those of non-malignant disease. In most instances relapse or generalization of malignant occurs after a brief interval. Some few instances, however, have been recorded in which the patients remained free over intervals varying from two to three and a half years.

-Rev. de Chir., Sept., 1898.

CONSEQUENCES OF A WOUND IN THE NECK.

Bellisari reports the case of a healthy man, aged 28, who five years ago received a knife wound in the right carotid region, followed by hemorrhage so severe as to lead to the belief that he was dead when first seen. However, the wound healed, and five days after the accident the patient had an apoplectic fit followed by left hemiplegia and aphasia. Partial recovery occurred, but six months later epileptic attacks set in, recurring about every two months. The apex beat was in the sixth space, and there was a loud continuous murmur heard over the precordial region. A study of the

cardiograms and sphygmograms led the author to diagnose some dilatation between the carotid and the heart, aortic stenosis, and also some valvular insufficiency; the patient was also partially demented. There was no history of syphilis or previous illness before the accident, and the family history was good. The author supposes that an embolus was the cause of the hemiplegia, and the aortic trouble was due to a spreading enteritis started by the wound of the vessel in the neck.

THE X RAY IN MEDICO-LEGAL CASES.

Williams and Lloyd disparage the value of skiagraphy in both medicolegal and surgical practice. In a note on a report of a case of cervical rib, published by the former, makes the following comments: "The use of the X ray in medico-legal cases, without careful preparation for such work, is likely to do much harm. To leave a photograph that has to go into court to a single individual who may be interested in the case would be a grave error, for he might accentuate the deformity very decidedly by placing the tube a little out of its proper position. Consequently in every case brought before a court the X-ray picture should be taken before witnesses who can testify to the position of the photographic plate, the position of the patient on this plate, and the position of the tube, and who can at the same time state the distance which the tube was placed from the patient, so that allowance may be made for any distortion that may appear in the picture." -Annals of Surgery, Oct., 1898.

NEW OPERATION FOR AB-SENCE OF THE VAGINA.

P. Walton, instead of dreading the opening of the peritoneum during the operation for absence of the vagina, rather counsels it as enabling the operator to find the uterus easily and at once. He reports the case of a woman 25 years of age, who had never menstruated, but who had suffered every month from epistaxis and severe abdominal pain. Three years previously an operation had been performed for absence of the vagi-

na, but unsuccessfully. The external genital organs were normally formed, and between the labia minora was a mucous infundibulum showing a transverse cicatrix, the mark of the former operation. Walton made an incision in the form of an "H" in the position of the old cicatrix, the perpendicular sections occupying the bases of the labia minora. He dissected upwards and opened into the pouch of Douglas. Passing in his finger, he was able at once to feel the body of the uterus and a well-developed right ovary. An imperforate cervix was next dissected out. It was divided transversely, when a little black blood escaped. The uterus was found to measure four cm. in depth. The opening in the peritoneum was closed with two catgut sutures, and the uterus was drawn down to the vulva and a vagina easily made by making use of the mucous flaps. The artificial vagina was about eight cm. in depth, and was plugged with iodoform gauze for some days. It is now five months since the operation was performed, and there has been regular menstruation in small amount, with complete disappearance of the menstrual suffering.

—Belg. Med., Sept. 22, 1898.

VAGINAL PESSARIES.

Augustin Goelet puts much good advice concerning the use of vaginal pessaries into a series of axioms. Never use a pessary except as temporary or auxiliary support. Never permit a patient wearing a pessary to pass from under observation. Never retain a pessary if it is causing the least discomfort. Daily vaginal douches are necessary. Never introduce a pessary unless the uterus is freely movable and can be replaced by manipulation. fail to seek the cause of the misplacement and endeavor to remove it. The pessary alone will not cure.

-Virginia Med. Semi-Monthly, Aug.
12, 1898.

TREATMENT OF SLEEPLESS-NESS.

Dr. Elmore S. Pettijohn, of Alma, Mich., read an interesting article on this subject at the late meeting of the Michigan State Medical Society (Medical Review, October 22, 1898). In speaking of the drug treatment for insomnia he states that he has found the use of trional most effectual when the patient is unable to sleep soon after retiring. Ten to fifteen grains are administered in a glass of hot milk and repeated in a half hour, on the belief and from the experience of three years, that the effects begin within an hour after administration. If the patient is able to fall asleep, but awakens frequently, or after a few hours' rest, and finds it difficult to sleep, sulfonal, 10 to 20 grains, is administered in the same manner at 5 o'clock in the afternoon, and again at bedtime. Its effects often last during the next day and night, and it should be given only alternative days. simple aqueous solution of sodium or lithium bromide, 10 to 15 grains, given three times, half hour apart, before retiring, inhibits functional energy of the protoplastic constituents of the nerve centres, the blood vessels contract from a lessened blood supply and sleep follows. In cases of muscular agitation the fluid extract of conium added to the bromide aids in reducing the cerebral excitement.

THE SENSIBLE TREATMENT OF LA GRIPPE AND ITS WINTER SEQUELAE.

The following suggestion for the treatment of la grippe will not be amiss at this time, when there seems to be a prevalence of it and its allied complaints. The patient is usually seen when the fever is present, as

the chill, which occasionally ushers in the disease, has generally passed away. First of all the bowels should be opened freely by some saline draught. For the severe headache, pain and general soreness give a fivegrain antikamnia tablet, crushed, taken with a little whiskey or wine, or if the pain is very severe, two tablets should be given. Repeat every two or three hours as required. Often a single 10-grain dose is followed with almost complete relief. If after the fever has subsided the pain, muscular soreness and nervousness continue, the most desirable medicine to relieve these and to meet the indication for a tonic are antikamnia and quinine tablets, each containing two and one-half grains antikamnia and two and one-half grains quinine. One tablet three or four times a day will usually answer every purpose until health is restored. Dr. C. A. Bryce, editor of the Southern Clinic, has found much benefit to result from five-grain antikamnia and salol tablets in stages of pyrexia and muscular painfulness, and antikamnia and codeine tablets are suggested for the relief of all neuroses of the larvnx, bronchial as well as the deep-seated coughs, which are so often among the most prominent symptoms. fact, for the troublesome coughs which so frequently follow or hang on after an attack of influenza, and as a winter remedy in the troublesome conditions of the respiratory tract, there is no better relief than one or two antikamnia and codeine tablets slowly dissolved upon tongue, swallowing the saliva.



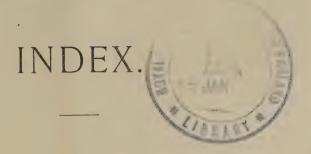


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